Spectrio LLC
7624 Bald Cypress Place
Tampa, FL 33614

spectrio

Order Form

Software, Equipment, Services

CLIENT: _____ *Spectrio issued Client No.* _____

CONTACT: _____ *New*: ☐ *Addition*: ☐ *Renewal*: ☐

ADDRESS: _____

CITY/ST/Z: _____

EMAIL: _____

Client Billing	**Client Shipping Address**
Attn:	Attn:
Address:	Address:
City/St/Z:	City/St/Z:
Email:	Email:
Phone:	Phone:

Software – Equipment – Services*

Service/Product	Quantity	Term (months)	Monthly Unit Price	Unit* Price	Total Price
InStore Music subscription	1	24	$ 20.00	$	$ 480.00
			$	$	$
InStore Music Equipment (player)	1	N/A	$ N/A	$ 50.00	$ 50.00
			$	$	$
One-time S&H charges. TBD upon shipping.	1	N/A	$	$ Varies by location	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$

SPECTRIO INSTALLATION: No

BILLING FREQUENCY (in advance):** Monthly ☐ Quarterly ☐ Annually ☐
**Invoice for Equipment will be issued upon Client's receipt of Order.

SPECTRIO AUTOPAY: Yes ☐ No ☐ –If **Yes**: credit card ☐ or electronic funds transfer (EFT) ☐
If you have elected the ease of automatic payments, a credit card or EFT form will be provided.

TERM: 24 (months)

ORDER Special Terms:

AutoPay option required if Monthly billing is selected.

Purchase Order Information: Is a Purchase Order (**PO**) required for the purchase or payment of this Order? ☐ Yes ☐ No
If Yes, PO Number: _____

The pricing in the schedule above* reflects the monthly per unit fees for the applicable Quantity of Software/Equipment/Services identified under Service/Product. If the schedule reflects a Total Price for Equipment, it will reflect a one time purchase price of the Equipment Quantity set forth above. The Total Price of the Software or Service Monthly Unit Price is based upon the Aggregate Total Number of active subscriptions of the relevant Service purchased. "Aggregate Total Number" as it relates to a subscription, is the aggregate total number of active subscriptions, purchased by the Client executing this Order, commencing on the Start Date of this Order, as measured at the time of execution of the applicable Order. Any price decreases shall have no effect on previously purchased Software, Service or Equipment. Volume discounts do not accumulate across different Spectrio products.

Upon signature by Client and Spectrio, this Order shall become legally binding. Software, Services or Equipment set forth herein are non-cancelable before the expiration of the Term set forth above. This Order Form is governed by the Spectrio Master Services Agreement (MSA) found at www.spectrio.com/msa-terms-and-conditions unless Client has a written agreement with similarly situated terms and conditions executed by Spectrio for such Software/Equipment/Services identified in Special Terms, in which case such written agreement terms will govern; however, any absent terms related to provision of Service/Product will revert to the MSA. Terms capitalized not defined in this Order are defined in the MSA. For the avoidance of doubt, the applicable MSA takes precedence over the Order in the event of a conflict other than Term or Special Terms, in which case this Order shall take precedence.

CLIENT:

Signature: _____

Printed Name: _____

Title: _____

Date: _____

SPECTRIO:

Signature: _____

Printed Name: _____

Title: _____

Date: _____

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Credit Card Authorization

In order to be in compliance with Total Wireless requirements to set up auto-payment, please complete this form and return it to StacyW@Spectrio.com or fax to (813) 448-3841

Your Spectrio Account Number: To Be Determined

Billing Information

Company Name: _____

Cardholder Name: _____

Billing Address: _____

Billing City: _____

Billing State: _____

Billing Zip: _____

Credit Card Information

Credit Card Type: Visa ☐ MasterCard ☐ American Express ☐

Credit Card Number: _____

Expiration Date: _____

Charge Information

Invoice Number: _____

Amount to Charge: _____

One Time Invoice Charge ☐

Recurring Invoice Charge ✓

Authorization Signature

By signing below, you authorize Spectrio to process any one-time or recurring charge to the account.

Signature: _____

Print: _____

Date: _____

For a receipt, please enter your fax # or email address: _____

SECURE ELECTRONIC FUNDS TRANSFER (EFT) - COLLECTING PAYMENT AUTHORIZATION FORM

Authorization Agreement For Preauthorized Payment (Automated Bank Debit)

I authorize *Spectrio LLC*, located at 7624 Bald Cypress Place Tampa, FL 33614 hereinafter called COMPANY to initiate debit entries from our checking account from the financial institution listed below. In order to be in compliance with the Total Wireless requirements to set up auto-payment, please complete this form and return it to StacyW@spectrio.com or fax it to (813)448-3841.

If any of the below information changes, I will promptly complete a new authorization agreement.

Company Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Business Phone: _____ Fax: _____

Representative: _____ Title: _____

Account Information – *Funds will only be debited from a* ☐ ***Business Checking Account ONLY***

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

I authorize *Spectrio, LLC* to withdraw:

☐ Reoccurring Flat Amount of $_____ Or ☐ _____

☐ Monthly ☐ Quarterly ☐ Other _____

ABA Bank Routing Number (must be 9 numbers) **Account Number** (not to exceed 15 numbers)

⑆ | | | | | | | | | | ⑆ | | | | | | | | | | | | | | | | ⑈

(Enter the above information from the bottom of your check, do not include the check number)

In order to sign up you must attach a voided copy of your check. Deposit slips are no accepted. For security reasons we recommend that the check is Voided.

- Staple the company voided check here

Staple Void Check Here

This authority is to remain in full force and effect until the "Company" has received written notification from me within 30 days of its termination in such time and in such manner as to afford the "Company" a reasonable opportunity to act on it.

X _____ _____

Signature of Authorized Officer *Date*

_____ _____

Print First, Middle Initial and Last Name *Title*