



933 Diana Lane
Zolfo Springs, FL 33890
813-434-1441

Client Information Form

*Print this form from your computer and mail with your payment to the address above.
Please print legibly. Submit one form per household.*

Name of Community: _____

Referral Full Name: _____

First Name: _____ Last Name: _____

Current E-mail Address: _____

FLA Phone: _____ Cell Phone: _____

FLA Address: _____ Lot # _____

City: _____ State: _____ Zip Code: _____

Northern Address: _____ Northern Phone: _____

City: _____ State: _____ Zip Code: _____

Please Note: Monthly service costs start at \$18.00 per month for up to two-computer devices per household. Each additional device or computer starts from \$5.00 more per month. Vacation Mode starts at \$9.00 per month.

Which type of Computer or Wi-Fi devices will you be using on the network? LAPTOP DESKTOP PC i-PHONE

i-PAD i-POD Wi-Fi Camera Other _____

Who is your current Internet Service Provider or ISP? _____

By using our equipment, you agree to the [General Terms of Service Agreement](http://TazWire.Net/general_terms/) available on the Web at http://TazWire.Net/general_terms/ or visit TazWire.Net for more information.

Start-up costs (choose one): *Payable to **TazWire Technologies** at time of sign up using a Visa, MasterCard Credit or Debit card or Checking or Savings account. Please see 2nd page.*

Includes Activation Fee, Equipment.

\$98.00 Start up Cost. DIY Indoor (Very Simple)

Add \$55.00 DIY Outdoor Node Kit (simple to install increases speed and reliability due to the metals around the home.)

In order to help keep your monthly costs low, you must set up a recurring payment plan by signing the attached authorization form using a Visa/MasterCard credit or debit account or you can use a checking or savings account.

NOTICE: Payments returned for NSF will be re-presented electronically, and will be assessed a processing fee, the maximum allowed by law.

CPE Serial Number: _____

CPE MAC Address: _____



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Payment Plan Authorization Form

Recurring Payment Start Date: _____ **Monthly Recurring Amount: \$** _____
*Monthly service payment will begin 30 days after installation
(30 day written notification required to change service.)*

Payer's Name: _____
Address: _____
Phone: _____

Choose one of the following options:

Option 1: Visa MasterCard Credit / Debit Card

Cardholder's Name: _____ 3-digits on back: _____
Card Number: _____ Expiration Date: _____

Option 2: Auto-pay from Bank Account

Account Holder's Name: _____ *(first, middle, last)*
Bank Name: _____
Bank Address: _____
Bank Phone: _____
Type of Account: Checking Savings
Routing Number: _____
Account Number: _____

Staple avoided check from the customer's bank account to this Authorization Form

PAYMENT AUTHORIZATION

I hereby authorize you to debit my account as identified above. The authorization shall remain in effect until the terms stated have been met or until TazWire Technologies has received written notification from me of intent to terminate at such time and in such manner as to afford TazWire Technologies and bank reasonable opportunity to act (minimum of 30 days).

I understand that if the total amount owed to TazWire Technologies is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed TazWire Technologies is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form. All other charges such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to TazWire Technologies 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by TazWire Technologies due to uncollectible funds. I will be liable to pay a fee for each returned check. I understand that if my electronic debit is returned to you for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state-allowed fee of \$25.00.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold TazWire Technologies, the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer Signature

Date

Authorized Signature on Bank Account (if needed)

Date