

Agreement # _____

All Rigidtech.com, Inc accounts are contingent until actual installation is complete.

YOUR INFORMATION:

Name : _____ Phone Number: (_____) _____ - _____
 Company Name: _____ Fax Number: (_____) _____ - _____
 Billing Address: _____ Billing e-mail: _____
 Billing City: _____ Service Address: _____
 Billing State: _____ Zip Code: _____ Service Zip Code: _____

INTERNET BUSINESS SUBSCRIPTION PLANS:

| Package Name | *Burstable Speed | | IP(s) Type | Install Price | Monthly Price |
|--|------------------|-------------|---------------|---------------|---------------|
| <input type="checkbox"/> Small Business | 1.5mbps Down* | 512kbps Up* | 1 Static DHCP | \$349.99 | \$49.99 |
| <input type="checkbox"/> Enterprise Business | 10.0Mbps Down* | 5.0Mbps Up* | 1 Static DHCP | \$1,299.99 | \$299.99 |

*Speeds are not dedicated.

Additions:

| Package Name | Description | Monthly Price* |
|--------------------------------|---|----------------|
| <input type="checkbox"/> BASIP | Additional Static IP Address (\$10 setup fee) | \$5.00 |

Service Level

Rigidtech.com, Inc. will make their best effort to provide their services to all subscribers. If your service is not functional for 24 consecutive hours, Rigidtech.com, Inc. at their discretion may credit your account 1 day of service for every 1 day of outage. Outages will be monitored by Rigidtech.com, Inc's Network Operations Center.

ACCEPTANCE & PAYMENTS:

I, the undersigned, request a Rigidtech.com, Inc. High Speed Internet Account. I have received, read and agree to the preceding agreement, including service term, subscription rates and Terms & Conditions. I additionally verify that all the information above is true to the best of my knowledge and that I am authorized to sign contracts on the behalf of my company. I authorize rigidtech.com, Inc. to place charges to the credit card I have provided for the requested service(s).

PAYMENT METHOD: The initial Payment will include any installation charges and first month's service fee. All payments are due by the 15th of each month. Any invoice not paid in full are subject to suspension.

Card Type(circle): Visa Mastercard

Card Number: _____ EXP Date: _____ / _____ CVV2: _____

➔ Signature: _____ Date: _____

➔ Printed Name: _____ Title: _____
 (Must be 18 year of age or older)

For Office Use Only

| | |
|---|--------------------------|
| Install Date/Time: _____ | Sales Date: _____ |
| Install Tech: _____ | Sales Rep: _____ |
| Used Dish? <input type="checkbox"/> YES <input type="checkbox"/> NO DB: _____ | Process Date/Time: _____ |
| Tower: _____ | Processed By: _____ |
| DISTANCE FROM TOWER: _____ | Notes: _____ |
| SM IP: _____ . _____ . _____ . _____ | |