|  |
| --- |
|  |
| **DEVICE INFORMATION** |
| Device Serial: |       |
| SIM #: |       | IMEI (Required for LTE): |       |
| **PLANS** |
| *[Select one]* | [ ]  Plan 1 | [ ]  Plan 2 | [ ]  Plan 3 | [ ]  Plan 4 |
| Megabytes (MB) or Gigabytes (GB) per month | 15 MB | 100 MB | 1 GB | 2 GB |
| **BASIC PROVISIONS** |
| * Downloading applications or configuration updates may use significant megabytes of data and are recommended to complete over Wi-Fi
* On MB Plans, cellular usage in excess of plan allocation is rounded up and billed at $2.00 per MB.
* On GB Plans, cellular usage in excess of plan allocation is rounded up and billed at $0.95 per MB.
* Plans are subject to a $15 activation fee
* Billing is NOT automatically terminated. A Wireless deactivation form must be submitted for termination.(located at www.nexgo.us)
* Pricing is exclusive of applicable taxes and roaming charges
* Prices are subject to change upon 30-day notice
* Plans are subject to Nexgo Wireless Terms and Conditions (located at www.nexgo.us)
 |
| **SIGNATURE** |
| Your signature below confirms that you have read and agreed to be bound by all associated pricing, provided by Nexgo along with all Terms and Conditions that can be found at www.nexgo.us. |
| DBA Name: |       |
| Signature: |       |
| Print Name: |       |
| Date: |       |
| **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH, DEBIT OR CREDIT CARD CHARGE)** |
| Company or Customer Name:       | Taxpayer ID #:       |
| Bill to Address:       | City:       | State:       | Zip Code:       |
| Bill to Phone:       |
| Bill to Email Address (REQUIRED):       |
| I (we) hereby authorize Nexgo, Inc., hereinafter called COMPANY to initiate debit entries to my (our) [ ]  Checking / [ ]  Savings Account (please provide copy of a voided check) / [ ]  Credit Card **(check one)** at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. |
| Bank Depository Name:       | Branch #:       |
| City:       |  | State:       | Zip Code:       |
| Routing Number:       | Account Number:       |
| Credit Card Type: [ ]  Visa [ ]  MasterCard [ ]  American Express [ ]  Discover |
| Credit Card Number:       | Credit Card CVV:       | Expiration Date:       |
| This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. |
| Name(s):       |
| Signature(s):       |
| **NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.** |

 PLEASE RETURN ALL REQUIRED FORMS TO NEXGO VIA FAX OR EMAIL

Fax: 949.266.5658 Email: orders@nexgo.us Toll Free: 866.392.8326