

Intercom Online Emergency Wireless Broadband Service

•	eted form to (917) 677 /19	92. Thank you.			
Contact Informatio		Title			
		Title:			
Email Add	ress:	Fay Number			
Telephone Number:					
		City:	State:	Zip:	
	Installation Options:	_			
	n and Delivery Fee – <i>Select C</i>				
0	On-site Installation & Delivery for Self-service In	very - \$300 (NYC Area only) stallation - \$100			
Security D	eposit * – <i>Select One or Botl</i>	h			
0	Router with power supply External Antenna and cab	- \$100 ling - \$100			
Service Fe	e Rates **				
•	Each full or partial day - \$ Each 7 day period - \$50 Each 30 day period - \$150				
Optional Service:	(Please check if you require t	his service)			
0	Setup and configuration o requires port forwarding	f dedicated server in Intercom's data to email or other servers at the cli	acenter. This is requir ent location \$500	ed only if client	
* Deposit will be	refunded upon return of equ	uipment, undamaged, and in good w	orking condition.		
** The Service Fee will be determined based on the number of calendar days that the equipment is out of Intercom's					
	the dates of delivery and ret a same day messenger servi	urn to Intercom. When you no longe ice.	er need the equipmen	t we encourage you	
that this Service Or	•	and I understand that the above fees Terms and Conditions, incorporated h ment.pdf	•		
XAuthorized Repr		Print Name			
For office use only. D	o not write below this line				
Date Received:	e Received: Dispatch fees applicable: \$				
Mgr. Approval Sign	nature: X				



Intercom Online Electronic Payment Form

Please fax this page back to us at 212-378 2205 or 917- 595 5382 or scan and email to billing@intercomonline.com. You may contact our billing department with any questions at 212.480.4076 or billing@intercomonline.com. Thank you.

Customer Billing Location:				
Company / Name:			_	
Attention:				
Street Address:	City:	State:	Zip:	
Telephone Number:	Fax Number:			
Email Address:				
SS# (Individual) / Tax ID# (Business): _				
If your company requires a purchase o	rder number, please include a cop	y with this form:		
Payment Type: OMC OVISA OAME	x Odisc			
Card Type: OCREDIT ODEBIT Card Number:		_ Expiration Date:	_/ (MM/YYYY)	
CVV Number: (from the back of the card)				
Name on Card:				
If personal card, name of indiv	idual:			
If corporate card, name of com	npany:			
	authorized user:			
Issuing Bank:				
Billing Street Address:				
City:	State:	Zip:		
One Time Charge only				
I hereby authorize and direct Intercom Online to popurposes of making payments due to Intercom Onliand non-recurring fees in U.S. Dollars as invoiced ear Charge only, however, any payments which are ove authorize, if applicable, the immediate charge of the new account. Intercom Online shall have the right to	line. I also authorize Intercom Online t ach month, to my credit card provided rdue may be charged to the above acc e full amount indicated on the accomp	o charge the service fees above, unless this is indic ount even if One Time Ch anying Service Order if th	and all related recurring ated as a One Time arge is indicated. I also	
XAuthorized Signature on Credit Card Account		Date		
For office use only. Do not write below this line				
Date Received:		User ID:		