

RELAY COMMUNICATIONS CENTER

APPLICATION PACKET

COVER PAGE (1 PAGE)
APPLICATION FOR SERVICE (1 PAGE)

Thank you for your continued interest. Pursuant to your request, we are pleased to attach herewith an APPLICATION for our service as indicated above.

If you have any questions whatsoever after you have reviewed the application, please call our office toll free at **1-800-248-8330** and speak with a Sales Representative.

A copy of our TERMS and CONDITIONS is available on our web site ([click here](#)).

Invoices for our services are e-mailed and payable by credit card only. Exceptions may require a security deposit. After the initial advance fees, the client's credit card is charged on or about the 20th day of each month. Billing is similar to that of the telephone companies; usage charges are after the fact. The initial fee to establish service includes the Set-up and Programming fee, the first month's fees, and appropriate taxes and surcharges.

UPON RECEIPT OF YOUR APPLICATION, YOUR CREDIT CARD WILL BE PROCESSED FOR THE INITIAL REQUIRED PAYMENT(S) IN AN AMOUNT THAT INCLUDES THE ENTIRE SET-UP FEE AND ALL OTHER APPLICABLE FEES AND SECURITY (if required) DEPOSIT.

We look forward to being of service to you!

CONTINUE TO NEXT PAGE FOR APPLICATION FORM

RELAY COMMUNICATIONS CENTER

APPLICATION FOR SERVICE

PRINT ALL INFORMATION

Account Name (dba) _____ Established (date) _____
Corporate name (if different) _____ State of Incorporation _____
Street Address _____ City/Town _____ State _____ Zip _____
Mailing Address _____ City/Town _____ State _____ Zip _____
Phone () _____ Fax () _____ Cellular () _____
E-Mail Address: (confidential messages and invoices): _____
Web Site Address: www. _____
Type of business _____
Contact (name) _____ Title _____ Direct Phone () _____
Principal (name) _____ Title _____ Direct Phone () _____
Home Address (St & #) _____ City/Town _____ State _____ Zip _____

INVOICES and PAYMENTS

All invoices are e-mailed or faxed monthly on or about the 24th day of each month at no additional charge. Invoices that require mailing or faxing incur an additional monthly charge. Preference for invoicing is via: [] e-mail [] fax [] USPS mail
Authorized credit card payments are processed at no additional charge. Payments by check incur a monthly processing fee of \$5.00.

ACKNOWLEDGMENT and ACCEPTANCE

Applicant agrees with RELAY to everything contained herein by submitting this APPLICATION, remitting monies, and/or using or accepting RELAY'S services. Use of RELAY'S services will be governed by this AGREEMENT and the TERMS and CONDITIONS hereof all of which the applicant acknowledges, understands, and accepts. **CREDIT CHECK:** Authorization is hereby given to **RELAY** for the release of any credit and/or other information with reference to the above named business and/or individual(s) named above. **RELAY** may refuse, at its sole discretion and without prejudice, to provide service to the CUSTOMER based on the information found through the credit check and/or other reliable sources. The name(s) below confirm(s) the truth and completeness of the information contained herein. The below named person/people is/are authorized to bind this APPLICATION pursuant to all the above.

Printed Name _____ Title _____

Printed Name _____ Title _____

CREDIT CARD AUTHORIZATION

I hereby authorize RELAY COMMUNICATIONS CENTER, INC. to charge my credit card account noted below for all charges as frequently as necessary for all services rendered to me and/or our account; and/or to satisfy non or partially paid accounts in accordance with the TERMS and CONDITIONS herein. This authorization will remain in effect unless and until rescinded by the undersigned in writing. It is hereby acknowledged that discontinuance of the automatic credit card debiting; or, its automatic rejection for processing, is subject to the reprocessing fee in effect at the time, and/or an immediate security deposit increase. Immediate suspension of service(s) may result at any time within 24 hours of any credit card processing rejection. Monthly charges for service are charged to the credit card account on or about the 20th day of the month preceding the first day of the next month or the date of the invoice. The person whose name appears on the credit card noted herein personally guarantees all payments charged thereto. Notification of renewal dates for credit cards is the sole responsibility of the applicant named herein.

[] VISA [] MASTER CARD [] DISCOVER [] AM. X: Acct # _____ Exp Date _____

Code numbers on reverse side _____ Billing address _____

Name on credit card _____