

**WIRELESS SERVICE AGREEMENT** 

E-mail or Fax Completed Document to wireless@optconnect.com

498 North Kays Drive #110, Kaysville, UT 84037 Tel. 801-444-5958 Toll Free 877-678-3343

or 801-991-9009

Tel. 801-44	4-5958 Toll Free 8	77-678-3343	V.20.06.12	o.06.12 or 801-991-9009						
	CUSTO	OMER INFORM		SHIPPING INFORMATION						
Company Nam	ne		Shipping	Shipping address same as company address  Address is a reside						
Company Cont	tact			Shipping Method			PO Number			
Telephone E-mail Address				Ship-To Name			Ship-ToTelepho	one		
Street Address				Address						
City State		Zip	City	State			Zip			
			WIRELESS PLAN	SPECIFICATIONS AN	D EOUIPMEN	Т				
Plan Type Tiered MB Pl	months, OptConn	hich assumes the equi lect agrees to contact	ipment specified herein is used Customer for increase to devic	by customer for communicatin e plan. In the event that neither e with 30 days written notice. Pre	g a typical number o party is able to rectify	f usage. If usage is de y the excessive usage	etermined excessi e or come to agre	ve for three (3) consecutive ement on adjusted pricing,		
Quantity			Equipment			Data	Monthly Cost	t Total Cost/Month		
						100MB	\$23.00	\$		
			<b>way</b> - works on "Custome cable, and power supply.	/orks on "Customer Specified Equipment." Comes nd power supply.		500MB	\$28.00	\$		
	That dual magnetic amenia, and case, and power supply.					1 GB	\$33.00	\$		
			EQUIPA	MENT MAINTENANCI	<b>PLAN</b>					
X Lifetim	ne Extended Mainte	nance Plan - Inclu	ded for <b>FREE!</b> The Life	time Extended Maintenance Plai	n provides for a replac	cement by OptConne	ct Management, l	LC ("OptConnect") of the		
equipment sp	pecified above in the eve	ent such equipment fa	ils.							
			TEDMC AND	CONDITIONS OF AC	DEEMENT					
			TERMS AND	CONDITIONS OF AG	REEMENT					
You agree to	the following key prine	ciples for using our n	nanaged wireless services.							
				- fi						
We will provide you the equipment specified above which also shows the monthly fee for our service.										
Included in our service is Summit, our management dashboard, you may use to monitor the status of all modems we have provided to you. We also provide 24 hour call support at 877.678.3343. Our sales team is available during normal business hours at 877.678.3343 as we always want to hear from you.										
The monthly fee is based on the amount of data we expect you to use. If you consistently use more data than expected, together we will adjust your monthly billing amount as needed.										
If a device use	es three (3) times the d	lata plan amount liste	ed above, you may occur an a	additional cost and/or it may b	e suspended until tl	he issue is resolved.				
				lke sure this equipment function and of life issues. As noted abo				equipment we warrant		
To make payr	ments easy for you and	l us we will ACH your	r bank account each month.							
	at you will make all mo ome a month to month		he initial term of this agreem	ent as specified on the equipn	nent exhibit. After th	ne initial term you m	nay sign up for a	longer term or allow the		
We will provid	de the service to you u	ising properly function	oning equipment and softwa	re which may be new or refurb	oished.					
	,		-···· 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,						
You agree to	the full contract terms	and conditions foun	nd at http://www.optconnect	.com/Support/MSA	X Yes					
Signature <b>X</b>			Printed Name		Title			Date		
	noro if you are alres -!-	van OntConnact C	istomor and wish to use the	o camo Guarantor and ACU	\uthorization as ==	the prior Wirels	Sonvice	Partner Code		
Check here if you are already an OptConnect Customer and wish to use the same Guarantor and ACH Authorization as on the prior Wireless Service Agreement. By checking this box, it is <b>NOT</b> necessary to complete page 2.								D&S Vending		

## **WIRELESS SERVICE AGREEMENT**

(continued from Page 1)

## To Be Completed **ONLY** on First-Time Purchases

GUARANTOR INFORMATION											
Full Legal Name	Home Street Address			City							
Drivers License Number	cense Number D.L. Issuing State D.L. Expiration Date Date of Birth				State Zip			Telephone			
			PERSONAL (	GUARANTE	E						
For valuable consideration full and prompt payment under this Agreement, Gu attorneys' fees and all co Guarantee against Guarar person obligated with respinure to the benefit of O notwithstanding the deat Guarantee, hereby conserpurposes.	by Customer of all of our arrantor agrees to pay sts and expenses incurator. This Personal Guect to Customer's oblight ptConnect and its such or disability of Guara	Customer's oblig OptConnect in a rred in collecting rantee is in no w gations or any ot cessors and assion ntor. Guarantor,	ations under this A timely manner all g or compromising ray conditioned or c her guarantor of Cu gns. The obligation r recognizing that h	greement. In the amounts not pai any indebtednes contingent on an stomer's obligations of Guarantor is or her individu	e event Customer fa d by Customer. In a is of Customer guar y attempt to collect ons. This Personal G under this Personal al credit history ma	ils to pay all or p addition, Guarant anteed hereunde Customer's paym uarantee shall be Guarantee shall y be necessary in	art of its obligations or agrees to pay all er or in enforcing the nent obligations from binding on Guaranto remain in full force the evaluation of the	when due reasonable is Personal any other or and shall and effect is Personal			
Signature			Printed Name				Date				
Х			ACH AUTH	OPIZATION	1						
The method of payment for Agreement, is ACH. Cust equipment rental and mo to keep the Account fund is returned unpaid to Opt the full responsibility of C on the Account and that a Financial Institution Name	omer authorizes OptConthly Wireless Service Condot to the extent needed Connect, Customer agrustomer. The undersign	onnect to initiate  Charges, and all co  d to reasonably so  rees to immediate  Ined represents a	e ACH transfer entrother amounts or fee support transaction ely pay OptConnec and warrants to Opt	ies and to debit es that become d amounts posted t a returned ACH Connect that the	and/or credit the a ue and owing by Cu by OptConnect und fee of \$35.00 per re person executing th	ccount identified istomer under thi er this Agreemen eturned item. All	below (the "Accour s Agreement. Custor t. In the event an AC shortages and adjus	nt") for the mer agrees H payment tments are			
Contact Name		Telephone		City	St	tate	Zip				
Account Type Business Ch	ecking	Saving	gs	Personal (	Checking	G	eneral Ledger				
Routing N	lumber		Ac	count Nun	nber (include	all leading	ı 0's)				
Authorized Signature on Account		Printed Name	e		Title		Date				
Х											
	Authorization al institution st	ating the (	•	ame, Routi	ng Number,						

- 1. Complete Agreement and Print
- 2. Sign and Date all Necessary Fields
- 3. Attach Voided Check
- 4. E-mail or Fax to OptConnect.