

SERVICE & SALES AGREEMENT

Signal Electronics

1744 W. 4th St., Suite 202 * Freeport, TX 77541
Phone: 979-233-1112 Fax: 979-233-1121

CUSTOMER INFORMATION

NAME	_____	_____
	(RESPONSIBLE PARTY)	(AUTHORIZING PERSON)
ADDRESS	_____	_____
	(BILLING ADDRESS)	(PHYSICAL ADDRESS IF DIFFERENT)
PHONE	_____	_____
	(PRIMARY)	(SECONDARY)
EMAIL/FAX	_____	_____
	(EMAIL ADDRESS)	(FAX NUMBER)
ID NUMBER	_____	_____
	(IF REQUIRED - DRIVERS LICENSE & ST)	(IF REQUIRED - OTHER ID NUMBER & TYPE)

ADDITIONAL INFORMATION – (COMPANY, ORGANIZATION, DEPARTMENT)

TERMS AND CONDITIONS

All payments for equipment, material, labor, and associated expenses are due upon demand. Unless prior arrangements are made, all equipment costs are to be paid prior to installation or upon delivery. Labor and other charges are due at the time services are rendered. Advanced deposits or prepayments may be required.

All amounts quoted are discounted for *cash payment*. Unless previously agreed in writing, *non-cash payments (i.e. credit cards)* will be higher than the *cash amounts* and subject to surcharge (*non-cash discount forfeit*) of up to 4%. Customer grants access to and agrees to relinquish any/all items installed or delivered if invoices are not paid within stated "Terms and Conditions".

Unless credit terms have been pre-approved in writing, customer agrees to provide a cash deposit/payment. In lieu of cash, check, or other payment method customer authorizes Signal Electronics to apply any and all amounts due to the credit card listed on the Agreement.

*** IMPORTANT INFORMATION:** If you do not understand or agree with the *Terms and Conditions* do not sign this *Agreement*. If you do not agree to pay an extra amount (above the quoted *cash amount*) for using a credit card we have other payment options that may avoid these additional *non-cash amounts*.

CREDIT CARD INFORMATION:

CARD TYPE	_____	CARD NUMBER	_____
EXP DATE	_____	NAME ON CARD	_____
BILLING ADDRESS ON CARD	_____		

CREDIT CARD PAYMENT RESTRICTIONS/INSTRUCTIONS (*CIRCLE ONE):

*Amount Not to Exceed \$ _____ *Charge This Exact Amount \$ _____ *Charge amount owed & keep card info on file (default)

SPECIAL NOTATIONS OR ALTERNATE PAYMENT METHOD: (i.e. Check Prepay – Wire Transfer – Bank Draft - Other)

* SIGNATURE **X** _____ DATE _____

Email completed form to sales@signalelectronics.com or Fax to 979-233-1121. Visit us online at www.signalelectronics.com