

Payment Authorization / Fee Schedule

New CLIENT / CLIENT Update

CLIENT Name: _____ Company Name: _____

Billing Address: _____ State: _____ Billing Zip: _____

Setup Fee: _____ Production Fee: _____ Production Payment Breakdown (if applicable): _____

Monthly Fee: _____ Bill Date: ___ / ___ / _____

Credit Card Payment:

Name on Credit Card: _____

Credit Card #: _____ Exp Date: ___ / ___ CVV/CID: _____ (code)

ACH:

Bank Name: _____

Bank Routing Number: _____ Bank Acct Number: _____

I have read and voluntarily agree to pay the above listed costs associated with the development and ongoing management of the project. By signing this payment authorization, I hereby agree to the Terms & Conditions of Storage Rental Network, Inc. d.b.a. TOLS Multimedia, a Florida corporation. A copy of the current terms & conditions has been provided to me. Furthermore, I authorize Storage Rental Network, Inc. d.b.a. TOLS Multimedia to charge my credit card the fees specified herein and agree to be automatically billed the monthly fee starting no later than above Bill Date. All cancellation notices need to be provided in writing no later than 30 days prior to the requested cancellation date. In order to provide time-efficient services, I further understand that I have up to 15 calendar days to provide all requested collateral.

*Additional fees including but not limited to project management, campaign management, updates, consultations, editing, spell checks, digitizing, scanning, testing, and/or troubleshooting are billed at the current hourly rate of \$75/hr. All prices are subject to change with notice.

CLIENT Signature

_____/_____/_____
Date

CLIENT Print Name

HOST / DEVELOPER / SERVICE PROVIDER Signature

HOST / DEVELOPER / SERVICE PROVIDER Print Name