

Following is the Billing Account Policy and Statement of Agreement for TeleData, Inc. Please note this policy is submitted to all of TeleData, Inc. customers and is necessary so that we may give you the best product and service possible. We understand that each individual company has different procedures for payment, therefore if you have any questions regarding this policy, or if your accounts payable procedures conflict with these terms please contact us and we will be happy to discuss these issues with you prior to invoicing. We respectfully request your signature and date in the space provided below. **Please complete both pages, sign and return.**

Billing Account Policy

In the course of its normal operations, TeleData, Inc. Service Representatives will require a signature on their work order and will give you a copy of the same. From this work order, an invoice will be generated and sent to your company.

Normal terms are net 30 days from the date the work was completed. Terms for quoted jobs will be listed on the proposal. In all cases, the exact terms will be on the invoice. Should you disagree with the invoice, it is your responsibility to contact TeleData, Inc. to resolve the problem **before your account becomes past due**. Past due accounts are subject to late charges, as specified, and are subject to credit hold (i.e. work stoppage or no additional service requests accepted).

All equipment supplied by TeleData, Inc. remains TeleData, Inc. property until full payment of the invoice specifying the equipment is received, and if paid by check, sufficient time for it to clear.

Statement of Agreement

We believe that our firm is, and will continue to be financially able to meet any commitments we have made, or may make. It is agreed that we will pay all invoices in accordance with the stated terms noted on the invoice or the monthly statement. Interest will be assessed on delinquent invoices at the monthly rate of 1.5% or an annual rate of 18%. It is also agreed that if, after all other options have been exhausted, we will be financially responsible for these fees along with any court costs and reasonable attorney's fees and all other costs of collection that TeleData, Inc. may incur in enforcing the terms of this agreement.

As an Authorized Representative of _____ we understand and agree to the Statement of Agreement above.

Print Name

Authorized Signature

Date

The undersigned company is applying for an open billing account with TeleData, Inc. and agrees to abide by the standard terms and conditions of TeleData, Inc. as printed on the accompanying document.

Company Name _____

DBA (if different) _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Contact Person(s) _____

Telephone number _____ FAX _____ Email _____

Corporation Information

Please check appropriate boxes regarding your Corporation:

Corporation State and Date of Incorporation _____ DUNS _____

Partnership LLC Sole Proprietorship Non-Profit (please provide tax exempt certificate)

Owned by another company, name and address of parent company _____

Names, titles and addresses of your three chief corporate officers, partners or proprietors:

Authorized purchasers _____

Purchase order required? YES NO

Trade References (PLEASE COMPLETE ALL FIELDS – MUST HAVE FAX #)

Reference #1 Name _____
 Address _____
 Telephone _____ Fax Number _____
 Contact Person _____

Reference #2 Name _____
 Address _____
 Telephone _____ Fax Number _____
 Contact Person _____

Reference #3 Name _____
 Address _____
 Telephone _____ Fax Number _____
 Contact Person _____

I represent the above information is true to the best of my knowledge. My company and I authorize TeleData, Inc. to make such credit investigation as TeleData, Inc. sees fit, including contacting the above trade references and bank and obtaining credit reports. My company and I authorize all trade references, banks and credit history of my company.

I have read the terms and conditions stated and agree to all of these terms and conditions.

Authorized Signature _____ Date _____

Printed Name _____ Title _____