

10749 Bren Rd. E. Minnetonka, MN 55343 1-800-929-0228 Fax completed, signed form to: **877.928.6638**

WIRELESS PURCHASE SERVICE AGREEMENT

CUSTO	MER INFORMA	ΓΙΟΝ						
Company name	Company name Email address			Company street address				
Company cont	act	Telephone	City	State	ZIP			
SHIPPIN	IG INFORMATION	ON						
Address same as above? ☐ YES ☐ NO			If "No" checked:	If "No" checked: Shipping street address				
Shipping contact		Telephone	City	State	ZIP			
EQUIPM	IENT SPECIFIC	ATIONS						
Quantity	Description JBM C201 Wireless Gateway (includes antenna with magnetic base)				Cost (plus sales tax, if applicable) \$33 per month			
	One-time setup fee				\$99			
	Cellular amplifier (optional)							

EQUIPMENT MAINTENANCE PLAN

FREE. ATM Network's free maintenance plan provides for a guaranteed replacement of the equipment specified above in the event the equipment needs repair. Upon notification and diagnostics of problem, ATM Network will ship out a new or refurbished replacement unit at no cost to customer, using regular ground-shipping method. Customer shall be responsible for cost of shipping only if Overnight or 2nd day shipping options are selected by Customer. Customer shall be responsible for shipping back faulty equipment to ATM Network in a timely manner using a prepaid shipping label. Customer must return the faulty equipment to ATM Network within 15 days to avoid having to purchase the replacement unit.

WIRELESS PLAN

Wireless rate Plan name Plan description

\$33 per month, 24 months Unlimited Use The Unlimited Use plan assumes that the wireless gateway is used as intended for typical ATM

transactions. ATM Network reserves the right to cancel this agreement if wireless use is determined to be excessive.

TERMS AND CONDITIONS

Customer represents and warrants that it has the right and power to enter into this Agreement and agrees to purchase the equipment and plan specified above and following terms and conditions:

Programming: The equipment will be initially programmed by ATM Network. Any reprogramming of the equipment from the initial programming will be the sole cost of Customer.

Changes to services: ATM Network reserves the right to modify the services provided during the term of this Agreement.

Term: The initial term of this Agreement shall be twenty-four (24) months and shall commence upon the date hereof and shall be automatically renewed after the initial term for successive one (1) month terms; provided, however, that either party may, by giving the other party thirty (30) days prior written notice, cancel this agreement after the initial term with no penalty. If customer chooses to terminate this agreement prior to the end of the initial term, the amount due by customer is calculated by the number of remaining months multiplied by \$33.

Payment: The setup fee plus the first month's wireless rate are due prior to shipping equipment to Customer and is paid via ACH (Automated Clearing House) or credit/debit/check card. Monthly amounts due for wireless rate charge are determined on a calendar month basis (whether a full or partial month) and will be assessed on either the 1st or the 15th day for the current month's service. Beginning with the second month, the wireless rate charge will be ACH'd from the indicated bank account or charged to the listed credit account. Customer shall provide ATM Network written notice of any changes that affect ACH or our billing of the credit account.

Legal: Customer represents and warrants that it has the right and power to enter into this Agreement. ATM Network's sole liability to Customer shall be to remedy any breach of this Agreement in a timely manner. ATM Network shall not be liable for any losses, expenses or costs incurred by Customer or others due to breakdown or malfunction of the equipment. In any dispute between the parties, whether or not resulting in litigation, the prevailing party shall be entitled to recover from the other party all reasonable costs including, without limitation, reasonable attorney's fees. The prevailing party shall include, without limitation, a party who dismisses an action for recovery in exchange for sums allegedly due, performance for covenants allegedly breached, or consideration substantially equal to the relief sought in the action. This Agreement shall be construed, interpreted and enforced in accordance with the laws of the State of Utah. The jurisdiction and venue for any legal proceeding to interpret or enforce this Agreement shall be in Davis County, Utah.

Notice: Any notice required by the terms of this Agreement shall be given in writing and shall be deemed effective upon personal delivery or upon deposit with the appropriate postal service, by registered or certified mail with postage and fees prepaid and addressed to the party entitled to such notice at the address set forth above, or at such other address as such party may designate by 10 days' advance written notice to the other party to this Agreement.

ΙΝΙΤΙΔΙ	HFRF.		



Form WPSA33-P2-V1.3 March 2010

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WIRELESS PURCHASE SERVICE AGREEMENT — PAGE 2

The undersigned duly authorized representatives of the parties have executed this Agreement as of the respective dates stated below.

GUARANTOR IN	FORMATION						
Full legal name		Telephone	Date of birth	Home st	reet address		
Social Security no.	Drivers license no.	Issuing	state & expiration	City		State	ZIP
PERSONAL GUA	RANTEE						
For valuable consideration, the receipt Customer of all obligations unde Network in a timely manner all amores of debtor guaranteed hereundhistory may be a necessary in the eigrantor, from time to time as may be	ipt of which is acknowledger this Agreement. In the evunts outstanding. In additioner or in enforcing this guaravaluation of this personal generations.	ent that Customer fails ton, Guarantor agrees to anty against guarantor. Tourantee, hereby conse	o pay all or part of its obli- pay all reasonable attorne This shall be a continuing (dations wher y fees and a Guaranty. Th	n due under this Agreeme Il costs and expenses inc e undersigned personal g	ent, the undersigned Guara curred in collecting or comp guarantor, recognizing that	antor agrees to pay ATM promising any indebted- his or her individual credit
Signature		Printed name			Title		Date
■ PAYMENT AGE	REEMENT AN	D SCHEDUL	E				
For each adapter ordered, C		One-time fee Monthly payment \$99 \$33			For monthly paym	ayment, charge my account:	
to pay the following plus app	olicable tax:				☐ The 1st day of the month ☐ The 15th day of the month		
■ I CHOOSE TO	PAY BY ACH	AUTHORIZ	TION (Check	box a	nd fill out inf	ormation bel	ow)
The method of payment for the reoccosts and applicable taxes associat amounts posted by ATM Network. I are the full responsibility of the Cust herein and all information regarding	ted with ATM Network proving the event that an ACH is tomer. The undersigned rep	iding customer with wir returned unpaid to ATM presents and warrants to	eless services. Customer a Network, Customer agree ATM Network that the pe	agrees to kee es to pay a re	ep account funded to the eturned ACH fee of \$35.0	extent needed to reasona 0 per returned item. All sh	bly support transaction ortages and adjustments
Financial institution name		Contact name			Telephone	Account	type
Street address		Routing transit number (9 digits)			Authorized signature on account		
City State	ZIP	Account number (including all leading z		zeros)	Printed name and title		
If paying through	n ACH, this for titution stating		•	•	•		•
■ I CHOOSE TO	PAY BY CRE	DIT CARD (C	heck box and	d fill o	ut informatio	n below)	
The method of payment for the reod all costs and applicable taxes assor posted by ATM Network. In the evel bility of the Customer. The undersig tion regarding the Account and the	ccurring monthly wireless for ciated with ATM Network p nt that a charge is refused, ned represents and warrar	ee is a credit/debit/chec roviding customer with customer is responsible its to ATM Network that	k card. Customer authoriz wireless services. Custom e for all costs incurred by A	es ATM Netver agrees to ATM Network	work to automatically deb keep enough available ba k because of the refusal.	oit and/or credit the accour alance on the card to supp All shortages and adjustme	oort transaction amounts ents are the full responsi-
Card type		Card number				Expiration	
☐ Visa ☐ Discover ☐ M/C	C □ Amex						
Name on card		Billing address of card					

OFFICE USE ONLY: Rep:______ LK:______ Service start date:_____ Collected?___ © 2010 ATM Network Inc.