

# MONROE CONSULTING IP SERVICES

## Invoice, Payment and Technical Options

Date \_\_\_\_\_

Please Send Account Invoices and Statements to:

Name \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Via: (Select one)

\_\_\_ Email: Address \_\_\_\_\_

\_\_\_ Postal (\$1 Service Charge)

(Select one)

\_\_\_ I will pay invoices via check, MCIPS's Online Payment option, or paypal to [paypal@mcips.net](mailto:paypal@mcips.net). I agree to pay my invoices in advance of service by the 5<sup>th</sup> of each month. If payment is not received by the 5<sup>th</sup> of each month I understand that a 1.5% late fee may be applied to all outstanding balances due and I may be disconnected from service and/or access privileges.

\_\_\_ Please bill my Credit Card. Cards will be charged 10 days before the 1<sup>st</sup> of every billing month. (Please complete Credit Card Authorization Below.)

Credit Card Authorization - Billing Term: \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Semi-Annually \_\_\_ Annually

Payment Amount \$ \_\_\_\_\_

I hereby grant Monroe Consulting LLC permission to charge my credit card for monthly collocation fees as referenced in the above schedule and according to the service contract.

Card Type \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Company name \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 or 4 digit Security Code \_\_\_\_\_

Card Holder Signature X \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Billing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

# MONROE CONSULTING IP SERVICES

## Technical Contact Information

### Primary Technical Contact

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Secondary Technical Contact

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Notes:

Please return this completed form to Monroe Consulting LLC  
via FAX 877 696-2579 or  
via email – sales@mcips.net