

Verasoft

SILVER SUPPORT AGREEMENT

DATE: _____

CLIENT:

CONTACT NAME	OFFICE PHONE
COMPANY NAME	CELL/OTHER PHONE
STREET ADDRESS	FAX
CITY	E-MAIL ADDRESS
STATE	ZIP
	WEB SITE

ID DELIVERY:

- Send me my Silver Support ID via E-mail:

E-MAIL ADDRESS FOR ID DELIVERY (if different than above)

- Send me my Silver Support ID via Fax:

FAX NUMBER FOR ID DELIVERY (if different than above)

- Send me my Silver Support ID via Mail to the address above.

AUTHORIZED USERS:

Only one user can utilize a Silver Support ID. The user is:

FULL NAME

LAST 4 DIGITS OF SOCIAL SECURITY #

PAYMENT INFORMATION:

I am paying with a Personal Check, Company Check, Cashier's Check or Money Order.

- Please make check payable to Verasoft, LLC, in the amount of \$2,500.00
- Please send check along with this completed and signed agreement to:

VERASOFT, LLC
PAYMENT REMITTANCE CENTER
PO BOX 705
NOVI, MICHIGAN 48376-0705 USA

I am paying with Visa; or

I am paying with MasterCard

- Your credit card will be charged \$2,500.00 for Silver Support
- You authorize Verasoft, LLC through PrimeServ, or any other credit card processing company, to obtain credit approval from the credit card company for the credit card described below (the "Credit Card")
- You hereby affirm that you are at least 18 years old and that you are legally authorized to use the Credit Card. Furthermore, you understand and agree that the charge specified is irrevocable and may not be charged-back at any time
- Please FAX this completed and signed agreement to (248) 412-4099

CREDIT CARD NUMBER

EXPIRATION (mm/yyyy)

CARDMEMBER NAME (exactly as it appears on credit card)

3-DIGIT SECURITY CODE (on back of card)

STREET ADDRESS

CARDMEMBER DAYTIME PHONE

CITY

E-MAIL ADDRESS

STATE

ZIP

COUNTRY

"CLIENT"

SIGNATURE

NAME

TITLE