



PAYMENT AGREEMENT

ACCOUNT TYPE: DOMESTIC ☐ COMMERCIAL ☐

ACCOUNT NO: _____

ACCOUNT NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NO: HOME: _____ CELL: _____ WORK: _____

AGREEMENT AMOUNT: _____ NUMBER OF PAYMENTS _____

PAYMENT FREQUENCY: WEEKLY ☐ MONTHLY ☐

START DATE: _____ YEAR/MONTH/DATE
END DATE: _____ YEAR/MONTH/DATE

DATE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The payment plan does not cover new monthly invoices, fees, etc. which must be paid along with the agreement amount on or before the due date. The late charge will only be waived during the period of the Agreement for Commercial Accounts as long as the Agreement is in good standing. Failure to make the scheduled payments will result in the Agreement being declared null and void and the customer will be subject to the interruption of the service. By signing this Agreement, you agree that you have read and understood the terms listed above.

SIGNATURE: _____ NAT. REG. NO: _____

PRINT NAME: _____ DATE: _____

VERIFIED BY: _____ DATE: _____