



266 Main St., Spencer, MA 01562
Tel: 508-885-2040 Fax: 508-885-2101

MONTHLY SIGN UP FORM

REAL ESTATE OFFICE/OWNER

BUSINESS NAME: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

NAME & HOME BILLING ADDRESS

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

REQUEST NEEDED FOR:

Website Development/ Software/ Hosting Fees

Requested monthly amount \$ _____ Date Contracted: _____

Date of first payment to be drawn: _____

REQUEST FOR PREAUTHORIZED PAYMENT PLAN

I/We hereby request the privilege of paying to RLS2000.COM INC., under the Company's Preauthorized Payment Plan and hereby request the Company to draw items (checks, electronic funds transfers, charge car) for the purpose of paying said payments on the account of

American Express Acct. # (15 digits) _____ Auth. # _____ Exp Date: _____ Zip: _____

Mastercard Acct. # (16 digits) _____ Auth. # _____ Exp Date: _____ Zip: _____

Visa Acct. # (13 or 16 digits) _____ Auth. # _____ Exp Date: _____ Zip: _____

Discover Acct. # (16 digits) _____ Auth. # _____ Exp Date: _____ Zip: _____

Checking Acct.: (Bank Name) _____ Routing No. (9 digits) _____

Savings Acct: City: _____ State: _____ Zip: _____ Account No. _____

Subject to the following conditions:

(1) The items shall be drawn on or about the date or dates of the Promissory Note. The transactions on your bank statement will constitute receipts for payment on your account. (2) The privilege of making payments under this Plan may be revoked by the Company if any item is not paid upon presentation. (3) This Plan, if cancelled, does not release you from your obligation (Promissory Note/Contract.). (4) A service charge of \$15.00 will be assessed to all insufficient drafts, checks, electronic fund transfers, or charge cards. (5) This plan shall apply to the following Applicant(s):

Date: _____ Customer Signature: _____

*VOIDED BLANK CHECK MUST BE ATTACHED FOR CHECKING ACCT WITHDRAWAL METHOD