

CUSTOMER INFORMATION

Business Name ("Client"): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Contact: _____

E-Mail: _____

SERVICES TO BE PERFORMED

Proposal Attached as Exhibit A

Exclusive Category Protection Category(ies): _____

Term: 12 Months, then Month-to-Month Other: _____

One-Time Fee(s): \$ _____

Recurring Monthly Fee(s): \$ _____

Billing Day: 1st of the Mo 15th of the Mo Other: _____

METHOD OF PAYMENT

Credit Card ACH Debit Check Cash

If paying by credit card or ACH, please complete the Payment Addendum

Use credit card or ACH information provided for recurring fees

SPECIAL INSTRUCTIONS

AUTHORIZATION

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

Accepted for BGR Media, Inc. By: _____

TERMS

Services are rendered on a monthly schedule, and payment is requested at the start of each month unless otherwise arranged in advance. BGR Media, Inc. reserves the right to reject any content, in its sole discretion, for any reason at any time.

Client represents that it owns or is licensed to use all content, including but not limited to: (a) names, pictures or likenesses, and other details of persons, (b) copyrighted material and trademarks, and (c) any customer testimonials or product claims.

Client jointly and severally indemnifies BGR Media, Inc. and its licensing partners, and holds it harmless against all loss, liability, damage, and any expense arising out of the services rendered under this Agreement.

BGR Media, Inc. is not liable for any errors or omissions, acts of God, action by any government entity, technical malfunction, or other lack of performance in its own systems, or those of vendors.

90-day cancellation notice required.

**FOR QUESTIONS
PLEASE CONTACT US**
(615) 807-0805
Info@BGRmedia.com

AUTHORIZATION

I, _____ hereby authorize BGR Media, Inc., or its authorized agents, to initiate entries to the bank account or credit card that I enter, or enable BGR Media, Inc. to enter, via its designated payment gateway and, if necessary, to initiate adjustments for any transactions credited or debited in error. I represent that I have authority to bind the organization that owns the bank account or credit card, and to authorize all transactions to the bank account or credit card that are initiated through BGR Media, Inc. and/or its authorized payment gateway. I acknowledge that transactions initiated to the bank account or credit card must comply with the provisions of US law. This authorization will remain in effect until the organization notifies BGR Media, Inc. in writing to cancel it in such time as to afford BGR Media, Inc., or its authorized agents or payment gateway vendor(s), and the bank reasonable opportunity to act on it.

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

Please select one of the following forms of electronic payment:

CREDIT CARD INFORMATION

Card Number: _____

Name on Card: _____

Expiration: ____ / ____ CID: _____

Billing Address: _____

City: _____ State: ____ Zip: _____

Use this card for recurring fees

ACH AUTHORIZATION INFORMATION

Please Attach a Voided Check

Name on Account: _____

Bank Name: _____

Branch Address: _____

Bank Routing Number: _____

Bank Account Number: _____

**Pursuant to US Regulations this Information will be Permanently Destroyed
once Entered into our Billing System & Payment Gateway**