

Monthly Account Agreement

Please complete this form, sign it, and send along with your initial subscription payment (\$20) to:

Open Portal Solutions
 374 Meridian Parke Lane Suite B
 Greenwood, IN 46142
 Fax: 317.215.2217

USERNAME ASSIGNMENTS

Please print the actual name to be assigned to a username. Each user must provide his/her signature and email address.

Which method is preferred to receive username and passwords? (Check one.) Phone Fax US Mail

Account Manager Username	Name	User Signature	Email Address
_____	_____	_____	_____

Billing Manager Username	Name	User Signature	Email Address
_____	_____	_____	_____

Username	Name	User Signature	Email Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

MAILING ADDRESS

Organization Name _____
 Contact/Admin Name _____
 Address _____
 City/State/Zip _____
 Telephone _____ Ext. _____
 Fax _____

ACCOUNT INFORMATION

Email Address _____
Business Account:
 President/GM/Officer _____
 Tax ID Number _____
 Website Address _____
Personal Account:
 Subscriber's Driver's License # _____

BILLING INFORMATION (Please select only one option. For more information, please refer to the Terms and Conditions.)

<input type="checkbox"/> Monthly Invoice/	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Direct Debit (ACH)
\$20 monthly fee	\$20 monthly fee	\$20 monthly fee
\$25 fee for returned checks.	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Bank Name _____
Invoice Billing Address:	Card # _____	Routing # _____
_____	Cardholder _____	Account # _____
_____	Exp. Date _____	Direct Debit Billing Address:
_____	Card Security Code _____	_____
_____	Credit Card Billing Address:	_____
	_____	_____
	_____	_____
	_____	_____

AUTHORIZED SIGNATURE

I have read and agree to the terms and conditions of this Monthly Account Agreement for myself and any entity or organization for which I sign. I represent and warrant that I have the authority to sign this Monthly Account Agreement on behalf of and bind any entity or organization for which I sign. I further acknowledge that by signing and sending this Monthly Account Agreement by facsimile, I, and any entity or organization for which I sign, waive the right to contest the authenticity of my signature and the right to contest the enforceability or admissibility of this Monthly Account Agreement on the grounds that it is not an original document.

Signature _____ Date _____

Printed Name _____ Date _____

OFFICE USE ONLY

Account # _____