ACI Call Tracking
1164 West 850 North
Centerville, Utah 84014

1-866-383-1181
Fax: 877-266-6172
www.acicalltracking.com

SERVICE AGREEMENT

Rep. Name:	Code:	Phone:
Name of Company:		
Address:		
Contact Name:		
Cell Phone:	Phone:	
E-mail:	Web Address:	

Tracking #	Ring to #	Advertisement	Media Type	Area

New Toll-Free Tracking Numbers Requested: Quantity _____

New Local Tracking Numbers Requested: Quantity _____ Zip Code: _____

{Include "Letter of Agency" forms to transfer service for existing numbers.}

Customer agrees to pay monthly for services until cancelled in writing. Customer is at risk to have lines turned off if payment is 14 days past due. ACI Call Tracking may access a late charge of 1.5% per month of the past due amount. ACI may cancel, amend or adjust this agreement, including pricing, with 90 days written notice. Customer agrees that ACI's total liability is limited to the cost of service.

# of lines	price per line/mo	usage/min
1-2	$20.00	.18
3-5	$18.00	.16
6-10	$16.00	.15
11-20	$14.00	.14
21-50	$13.00	.13
51+up	$12.00	.12

Monthly Payment By: ☐ Bank Transfer ☐ Credit Card

Signed: _____ Date: _____

Printed Name: _____

Name on Card: _____

Billing Address: _____

_____

_____

☐ Visa ☐ MC ☐ Amex Exp ____/____/____

Authorization for recurring payment from credit card

X _____

Security Code | | | | |

Bank Draft Authorization

I hereby authorize ACI to charge/draft my checking/savings account from the Financial Institution listed below. I agree that if any charge is dishonored, whether intentionally or inadvertently, ACI shall be under no liability whatsoever. **This payment arrangement is effective until I notify ACI IN WRITING that I no longer want my checking account drafted. (Send a voided check from that account.)**

Bank Name _____ Checking Account # _____

Bank City _____ State ____ Bank Transit # ____/____/____/____/____/____/____/____/

Account Holder's Signature _____ Date _____