

# Batuta Service Agreement

Agreement Number: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ Agreement Period: \_\_\_\_\_

Direct Sale                      Channel Sale                      Agent Sale                      Telemarketing

Provider Information:

Provider Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider Business Type: \_\_\_\_\_

Provider Account Number: \_\_\_\_\_ Status: (New/Renew) \_\_\_\_\_

Provider Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: (If Different from above) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Provider Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Provider Fax: \_\_\_\_\_ Provider Email: \_\_\_\_\_

Provider Tax ID: (or) Social Security (Required) \_\_\_\_\_

Amount Due: \_\_\_\_\_

Monthly                                      Quarterly                                      Yearly

Mode of Payment: Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_ EFT: \_\_\_\_\_

Type of Credit Card: (Visa, MasterCard, Am Exp, Others) \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Select Type:    Deluxe                      Pro                      Standard                      Basic

Batuta Representative Name:

\_\_\_\_\_

Batuta Representative Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Provider Representative Name:

\_\_\_\_\_

Provider Representative Signature:

\_\_\_\_\_

Date: \_\_\_\_\_