



Monarch Model File Payment Form

Number of Models _____

1. Service Level: *(please select applicable level/or complete if necessary)*

Service Level	Delivery Timeframe	Cost/Model
<input type="checkbox"/> Standard	10 days	\$250
<input type="checkbox"/> Rush	3 days	\$500
<input type="checkbox"/> Super Rush	24 hours	\$1000
<input type="checkbox"/> Complex (Consulting fee applies)	Per Model Development Agreement	\$
<input type="checkbox"/> Other	Per Model Development Agreement	\$

2. Calculate Total Cost (Number of Models x Service Level + Applicable Sales Tax) \$ _____

3. Purchase Order #: _____
 (Purchase orders must state "Net Term 30 Days" and contain Company "Bill to Address", along with contact phone and email information.)

4. Payment Information:

Credit Card Type: (select one) AMEX VISA MASTERCARD

Credit Card No.: _____

Cardholder Name: _____

Expiration Date: _____

Company Name: _____

Cardholder Billing Address: _____

Cardholder Phone No.: _____

Work on your model will not commence until receipt of your purchase order and this payment form. Please fax your purchase order and this payment form to 978-453-4443 Attn: Robert Sarno.

Authorized Signature: _____ Date: _____

Note: You will not be billed until work is completed as specified in the Monarch Model File Development Agreement.

