ezaccess℠
your retail system support plan

Use this form or sign up on-line at
signup.systemswest.com

Support Signup

COMPLETE YOUR EZACCESS SIGNUP BY FOLLOWING THESE SIMPLE STEPS:

1. Choose from the **Platinum**, **Gold**, or **Silver Plan** based on your preferred **Payment Cycle** and the **Number of Stations** in your store. Further information can be found on the **ezaccess Support Plan** at: supportPlan.systemswest.com.
2. Under **Payment Information**, complete your **Company Information**. Follow the instructions in the **Pay by Credit Card** or **Pay by Checking Account** sections.
3. After reading the **Agreement**, please sign and date below. Please fax or mail this form to the attached address, or e-mail a high-quality scan to ezaccess@systemswest.com.

Step 1: Support Plans	ezdebit™ Payment Plan	Payment Cycle	Number of Stations 1	2-3	4+	Select Plan
The Platinum Plan						
Gold Plan Benefits plus Expanded IT Support & Services	Yes	Annual	$397	$497	$597	☐
	Yes	Monthly	$34	$44	$53	☐
	No	One Year	$446	$553	$660	☐
The Gold Plan						
Silver Plan Benefits plus Hardware Support	Yes	Annual	$299	$399	$499	☐
	Yes	Monthly	$26	$35	$44	☐
	No	One Year	$336	$444	$552	☐
The Silver Plan						
Software and Remote Desktop Support	Yes	Annual	$167	$247	$327	☐
	Yes	Monthly	$15	$22	$29	☐
	No	One Year	$188	$275	$362	☐

Step 2: Payment Information

Company Information

Company Name: _____

Store Name: _____ # Stations: _____

Store Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____) _____

Contact E-mail: _____

☐ Pay by Credit Card

Card Holder (Sign Form in Step 3): _____

Card Number _____

Expiration Date: _____/_____

Card Verification Code: _____

☐ MasterCard
☐ Visa
☐ Amex
☐ Discover

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Phone: (_____) _____ Billing Fax: (_____) _____

☐ Pay by Checking Account

Mail or fax a check with this completed form. If your plan's **Payment Cycle** includes automatic renewal, funds will be withdrawn from this Checking Account at the beginning of each new billing cycle, or may be used for initial payment. In order to pay by checking account, you must sign the authorization at the bottom of this page.

Step 3: AGREEMENT. I hereby subscribe to the above Platinum, Gold, or Silver Support Plan ("Plan") according to the Payment Cycle and Number of Stations selected above. I understand that each Plan carries a single one-year term and that each Company Store requires a separate Plan. I authorize payment using the credit card or checking account provided. If the Plan is designated "Auto Renew," I further authorize automatic renewal of the Plan on each Renewal Date and authorize automatic billing via the ezdebit℠ payment system at the beginning of each Payment Cycle, monthly or annually as established above. Upon cancellation of an ezdebit recurring payment plan, I authorize final payment for the balance of the term based on the cost of the plan's "One Year" rate.

Account Holder's Signature: _____ **Date:** _____

www.systemswest.com
ezaccess@systemswest.com

systems west
business software solutions

SYSTEMS WEST LLC
16870 WEST BERNARDO DRIVE, SUITE 400
SAN DIEGO, CALIFORNIA 92127

(858) 485-5494 Tel
(858) 485-5498 Fax
(800) 728-7099 Sales