

<<Company>> DATA CENTER SERVICES AND RESOURCES AGREEMENT

Customer:		Agreement Number: <<WorkOrder>>	
Primary Contact		Billing Contact	
Phone		Phone	
Fax		Fax	
Mobile/ Pager		Mobile/ Pager	
Email		Email	
Customer Physical Address			
Customer Billing Address			
TERM: Term is for _____ months. Term Start Date _____			
Billing Terms: <i>Net 30 / 60 / 90</i>		Billing Frequency: <i>Monthly / Quarterly / Yearly</i>	
COLOCATION SPACE PROVIDED: (circle one) ¼ ½ ¾ Full Cabinet <i>Note – Attach additional space requirements as an addendum to this agreement.</i>			
Note: Customer may request to increase or upgrade their space at any time during the term subject to			

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