



Authorization Agreement for Paperless Billing

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|-------------------------|--|
| Month to begin: | |
| Account Number | |
| Account Name(s): | |
| Service Address: | |
| Contact Phone: | |
| Contact Phone: | |
| Email Address*: | |

*Provide one (1) email address where your invoice shall be emailed (only one email address per account).

I hereby authorize Digital Communication Media (DCM Cable) d.b.a. BridgeNet Wireless and BridgeNet Communications to email my monthly invoice on the first business day of the month to the email address provided above. I understand if I do not receive my monthly invoice via email by the 2nd business day of the month, it is my responsibility to notify BridgeNet Communications and I will still be responsible for the payment that is due approximately fifteen days after the billing date.

Email billing will be sent from billing@mybridgenet.com. Please mark billing@mybridgenet.com as an approved safe email recipient in your email account.

Paperless Billing to the email address provided will remain in effect until I provide BridgeNet Communications with 30 day notification of my desire to cancel this Authorization Agreement for Paperless Billing.

All payments are due in full by the 15th day of the month and must be made payable to:

Bridgenet Communications, mail to 8413 SW 80th Street, Suite 1, Ocala, FL 34481.

Our office hours are Monday – Friday from 8:00 am - 5:00 pm, excluding holidays.

Signature: _____

Date: _____

Signature: _____

Date: _____