



Date: ____/____/____

Name: _____

Budget Blinds of _____

Address: _____

Email: _____

Office #: _____

Mobile #: _____

Greetings:

Thank you for your Business. The following page contains your order confirmation form for the Solatech B-Qwik Software system you ordered. Be sure to complete the Referred By section on Page 2.

All new Solatech B-Qwik Software systems require the first payment in advance and the second payment prior to shipping your new, fully configured Solatech B-Qwik Software system. Your monthly recurring payments will start upon receipt of this completed order form and must be made using the credit card on file and provided with this order form. Please read and sign the following three sheets; then return the completed forms to our attention via email (accounting@solatech.com) or fax at 866-538-7530. Once the initial monthly payment is approved we will then begin processing your order.

From the date the following contract is returned, your initial payment is processed and our complete receipt of all necessary product setup data (request sent separately), please allow at least one to two weeks for delivery of your software. The second monthly payment will be processed prior to delivery of your new Solatech B-Qwik software system. One on one training sessions to get you up & running with your new system will be scheduled within a week of the delivery of your new Solatech B-Qwik business management system.

Please call 1.336.889.2455 ext. 101 if you have any questions. Thank you for your business and we are looking forward to working with you and helping you grow your business, while becoming more efficient and profitable.

Regards,

Your Solatech Sales Team

Solatech, Inc.

Sales@Solatech.com

1.877.994.TECH (8324)

Order Confirmation Form

Order Date: ____/____/____ **Referred by:** _____

Company: _____

Contact: _____ Ship To: Addr.: _____

Phone: _____ City: _____

Fax: _____ State: _____ Zip: _____

PRODUCTS ON ORDER

<u>Quantity</u>	<u>Item</u>	<u>Monthly Fees</u>
1. 1	Solatech B-Qwik Retail Software System (single user)	\$ 199
	<ul style="list-style-type: none"> • Laser Measure Interface module (requires Bluetooth laser device sold separately) • QuickBooks Accounting Interface (requires QuickBooks – not included) • Includes Major Manufacture Product Support • Product list at: www.solatechonline.com/marketing/SolatechMasterProductListforBB.pdf 	
2. ____	Additional Users Nodes (indicate if 2 or 3 roaming or network users)	\$ 75@
	Monthly Credit Card Processing Fee (*add \$2 for each additional node)	\$ 6

MONTHLY RECURRING PAYMENT AMOUNT: \$ _____**

**[Sales Tax will be added for North Carolina businesses]

NOTE - See system requirements on page #3

THIS FORM AND PRICING ARE ONLY VALID FOR 10 DAYS

BEFORE WE CAN BEGIN PROCESSING YOUR ORDER, YOU MUST VERIFY THAT EVERYTHING LISTED ON THIS SHEET IS CORRECT. ANY AUTHORIZED RETURNS / CREDITS MUST HAVE WRITTEN PREAPPROVAL BY SOLATECH AND WILL INCLUDE A 15% RESTOCKING FEE OF THE ANNUAL BALANCE OWED. INTERNATIONAL SHIPMENTS MAY REQUIRE THE PAYMENT OF LOCAL DUTIES AND TAXES WHICH ARE THE RESPONSIBILITY OF THE RECEIPT

HERE'S HOW RECURRING PAYMENTS WORK: BY SIGNING BELOW, YOU ARE AUTHORIZING REGULARLY SCHEDULED CHARGES TO YOUR VISA, MASTER CARD OR AMERICAN EXPRESS CARD. YOU WILL BE CHARGED THE MONTHLY RECURRING PAYMENT AMOUNT INDICATED ABOVE UPON RECEIPT OF THIS ORDER FORM BY SOLATECH AND AGAIN WHEN YOUR SOFTWARE IS READY FOR DELIVERY THEN ON OR NEAR THE FIRST OF EVERY MONTH GOING FORWARD FOR A TOTAL OF 12 CHARGES. A RECEIPT WILL BE EMAILED TO YOU AFTER EACH CHARGE IS PROCESSED. YOU AGREE THAT NO PRIOR-NOTIFICATION WILL BE PROVIDED BEFORE A CHARGE IS PROCESSED UNLESS THE AMOUNT CHANGES FROM WHAT IS INDICATED ABOVE. ONCE ALL 12 CHARGES HAVE BEEN PROCESSED, YOU MAY ELECT TO CANCEL THIS CONTRACT AND THUS RELIQUISH YOUR ACCESS TO YOUR SOLATECH SOFTWARE BY PROVIDING SOLATECH WRITTEN NOTIFICATION YOUR INTENT AT LEAST 10 DAYS PRIOR TO THE NEXT PAYMENT BEING COLLECTED.

IF EVERYTHING IS CORRECT THEN PLEASE SIGN AND DATE BELOW AND RETURN THIS SHEET TO SOLATECH, INC. IMMEDIATELY VIA EMAIL OR FAX AT 866-538-7530 ALONG WITH THE COMPLETED PAGES #3 & #4. THANK YOU FOR YOUR BUSINESS!

Accepted by: _____

Print Name: _____

Date: ____/____/____

All Past Due Accounts will be subject to a 1½% monthly service fee:
Also to include All Collections Costs and Legal Fees



Solatech Annual License Contract

Please read and *sign* below then return with page #2

Please read, initial and *sign* below

Initial Each Section Below:

- I understand that the monthly recurring payment amount on page #2 will be charged to my credit card using the information below for a total of 12 charges over the next approximately 12 months
- I understand that the 12 payments are a requirement of this contract to be provided a Solatech software system and Solatech has the right and my permission to process all 12 charges unless I have a statement in writing from Solatech saying otherwise
- I understand that the monthly recurring payment amount on page #2 will be charged to my credit card below upon receipt of this signed contract from me and again prior to providing the software to me and then on or near the first of every month going forward until all 12 charges have been processed
- I understand that Solatech cannot support any modifications to data, software or reports not made by Solatech employees.
- I understand that due to the custom nature of this product, there are no returns or credits without written approval from Solatech
- I understand that all printed output generated by the Solatech software is standardized & if customization is desired, the cost will be quoted separately.
- I understand that if custom product or user information is required to be provided by me as part of this order, it is my responsibility to provide Solatech all the necessary information within 30 days of my signing this form or the product can be shipped as is
- I understand that it is my responsibility to validate any and all information for accuracy that is entered into my software by Solatech or anyone else. This includes, but is not limited to vendor information, discount structure, sales tax rates, addresses, phone numbers and account numbers, etc. and Solatech is not responsible for any errors
- I understand that the supported fabricators and products within my Solatech system may change over time at the discretion of each fabricator and not necessarily controllable by Solatech and none are guaranteed
- I understand that my Solatech software (intellectual property) is not sellable or transferable unless authorized by Solatech in writing
- I agree to the software license terms set forth in the end user license agreement viewable at www.solatech.com/agreements/enduserlicenseagreement.asp
- I understand that I will be responsible for any local duties or taxes for this order
- I certify that I am an authorized user of this credit card indicated below and that I will not dispute these recurring payments with my credit card company; provided the transactions correspond to the terms indicated in this authorization form

Accepted by _____ Print Name _____ / / _____ Date _____

MINIMUM SYSTEM REQUIREMENTS: Processor - 1.5 GHz or faster CPU, Microsoft Windows 7 SP1 or higher for workstations, MS Windows Server 2008 SP1 or higher for servers (optional), Hard Drive Storage: 6 GB, Memory: 2 GB (4 GB recommended), Monitor or Display: 1024 x 768 or higher, Bluetooth 4.0, Access to a wired High Speed Internet connection (for software & product updates), Wireless & Thin Client Environments (terminal services) are not supported

Solatech Credit Card Authorization page #4

Please read, complete, sign and return this with pages #2 & #3

Please use my credit card (no debit cards) information below for this contract

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____ - _____ - _____

CVV2# _____ (3 digits on back of MC/Visa or 4 digits on front of AmEx)

Expiration Date ____ / ____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Cardholder's Signature: _____

By signing above, I authorize Solatech, Inc. to charge the credit card indicated on this authorization form according to the terms outlined above. I understand that this authorization will remain in effect for 12 months or until 12 charges are processed whichever comes first after which time I can cancel this contract in writing at any time with a 15 day notice. I agree to notify the Solatech in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. Unless I provide Solatech a written request to cancel after 12 charges, I authorize Solatech to continue processing my monthly charges until I indicate otherwise in writing. I certify that I am an authorized user of this credit card and that I will not dispute these recurring payments with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.