Scytec DataXchange Order and Authorization Form

The Scytec DataXchange Order Form is used to add or modify any licensing or recurring billing information for the Scytec DataXchange Process Control System.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Contact E-mail: _____

☐ New Account   ☐ Modify Existing Account   Account Number _____

Monthly Recurring Fee

License Level	Quantity of Equipment	Monthly Total with Discount
Bronze		
Silver		
Gold		
Platinum		
Total Recurring		

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6535 S. Dayton Street. STE 3001, Greenwood Village, CO 80111 ● 720 – 482 – 8250

Initials _____

SCYTEC

Automatic Debit Authorization

Account Information

☐ Credit Card
☐ Bank Account
☐ Use the Current Billing Method on File   Account Ending In _____

Financial Contact: Name _____   Phone # _____

Email for monthly email receipts: _____

Fill out the information below or call 720-482-8250 to provide the billing information.

Credit Card Information

☐ MasterCard   ☐ Visa   ☐ American Express   ☐ Discover

Company _____   Name _____

Credit Card Number _____   Expires _____ Security Code _____

Address _____

City _____   State _____   Zip _____

Or

Bank Account Information (voided check required)

☐ Checking Account   ☐ Savings Account

Bank Name _____

Routing Number _____

Account Number _____

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I authorize my bank to debit my account as stated on this Order and Authorization Form. This authorization shall remain in effect until Scytec receives an updated Order and Authorization form or written notification of an intent to terminate, at such time and in such manner as to afford Scytec reasonable opportunity to act (Minimum 5 business days).

I understand that all changes such as payment amount, frequency, credit card or bank account change will require a new Order and Authorization Form to be filled out and submitted.

I understand that this payment plan may be cancelled by Scytec due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Scytec, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

If payment is 15 days overdue access to your account will be suspended. For the next 15 days after service has been suspended the service can be restored for $150.

You may request a SQL Server backup of your data at any time for $250.

By signing this Order and Authorization form you are agreeing to the Terms of Service as stated in the Master Services Agreement which is available for viewing at https://scytec.com/terms_of_service.htm.

Printed Name, Signature, Title and Date on this page are required.

Printed Name: _____   Title: _____

Signature: _____   Date: _____

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