## FuneralKiosk, Inc.

## **Pricing and Acceptance**

| Kiosk Installation and Setup  | <u>Oty</u>      | Price Per                   | <u>Total</u> |
|---|-----------------|-----------------------------|--------------|
| Initial Installation, setup and training  | 1               | \$195.00                    |              |
| Monthly Kiosk Subscription Kiosk Subscription   | <u>Oty</u><br>1 | <b>Price Per</b><br>\$59.95 | <u>Total</u> |
| Price and Term:  1. We accept and appreciate automated monthly billing via credit card.  2. If you decide to end your service, just let us know, and we'll terminate you at the end of the following month.  3. You may update your kiosk online as often as you like as long as you are a customer in good standing. |                 |                             |              |
| Payment Method: O Visa O MasterCard O American Expr   | ess             |                             |              |
| Credit Card Number:   |                 |                             |              |
| Expiration Date (mm/dd):  |                 |                             |              |
| Card Holder's Name (as it appears on the card):   |                 |                             |              |
| Card Holder's Address (used for the credit card billing):   |                 |                             |              |
| Card Verification Code: (the 3 right most digits on the back of your card next to the signature field.)   |                 |                             |              |
| I agree to the terms and conditions above. Further, I agree to pay via the method selected above.   |                 |                             |              |
| Signature:  |                 |                             |              |
| Name:   |                 |                             |              |
| Company:  |                 |                             |              |
| <u>To Order</u> Fax a signed copy of this Agreement and submit credit card information for payment  | ent to 815.4    | 25.2029 or mail t           | 0:           |
| FuneralKiosk, Inc.<br>100 Tower Avenue<br>Needham, MA 02494   |                 |                             |              |
| Your Contact Information:  Name:  |                 |                             |              |
| Funeral Home:   |                 |                             |              |
| Mailing Address:  City: State and Zin:  *If you have be   | an rafama 1     | hy samaana                  |              |
| Mailing Address:  City, State and Zip:  *If you have be   | en referred     | by someone,                 |              |

Phone Number:

please tell us who referred you: