



**INVOICE BY EMAIL SERVICE AGREEMENT**

**Please fax back to (760) 731-9897**

1. This agreement is effective from the date of acceptance by Perfection Imaging Technologies ("Perfection") and shall continue in full force unless cancelled by either party with 30 days written notice. Perfection reserves the right to modify or cancel this Agreement at any time for noncompliance with the terms and conditions set forth, including the stipulation that the Customer remain in good standing according to Perfections Terms and Conditions as specified in Perfections online website. These terms shall apply to all transactions electronic or otherwise with Perfection.
2. Perfection shall provide the Customer with a copy of the invoice delivered via email. Perfection shall no longer be required to send hard copies of the Invoice to Customer by mail thereafter.
3. Perfection will make available to the Customer electronic records of the Invoice in electronic or paper form upon the Customer's request by calling the credit department at 760-931-8388.
4. The Customer will be solely responsible for retaining sufficient and adequate copies of the Invoice for the Customers internal purposes.
5. The Customer agrees that Perfection will use the email address provided here within. Perfection shall send to the Customer the Invoice via email the following business day. The Customer acknowledges that they will be deemed to receive the email unless Perfection receives a notification that the email did not reach it's intended recipient and the records of Perfection shall be conclusive in this regard.
6. Customer shall provide Perfection notice of any change to contact information, including the email address, by sending an email to [gail@perfectionimaging.com](mailto:gail@perfectionimaging.com) or by calling the Perfection Customer Care Representative at 866-931-8388.

**Company Name ("Customer"):** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Primary User/Administrator:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I have read, understand and accept all terms and conditions listed in this Agreement**

**Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

<p><b>For internal use only:</b></p> <p>_____</p> <p><b>Date Received</b></p> <p>_____</p> <p><b>Signature</b></p>
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Perfection Imaging Technologies    382 Enterprise St. #107    San Marcos CA    92069

Phone: 866-931-8388

Fax: 760-931-8399