



PetroPages.com

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**Purchase Authorization**

**Balanced Approach:**

The Balanced Approach includes ten (10) product descriptions, Flash-built customized contact page, and four Storefronts. Your custom graphic is added to four (4) strategic product categories, and is visible to buyers before the suppliers list is displayed.

In consideration of the purchase of a PetroPages.com Balanced Approach \_\_\_\_\_ (Hereinafter referred to as "Client"), it is understood that PetroPages.com, Inc. will bill Client a Fee of **\$ 3170.**

A finance charge and a late fee will be made on any account which is 30 days past due. The finance charge shall be at the periodic rate of 1.5% per month, which is an annual rate of 18%. The amount of finance charge for each month shall be added to the balance past due for the purposes of computing future finance charges. The late fee of \$25 shall be charged. Client is bound to make good immediately on dishonored funds, and will suffer a charge of Fifty Dollars (US) (\$50.00) for each incidence.

In consideration of Client's payment of fees in this authorization, PetroPages.com shall provide the Listing described above. The contact details, product descriptions, and product categories shall be defined on an Insertion Order to be approved by the Client before the **Activation Date of** \_\_\_\_\_

The Insertion Period begins on the Activation date and continues as long as this contract is in force. Initial Insertion Period is 12 months. At the end of the 12-month period this contract will continue on a month –to-month basis until cancelled by client or PetroPages.com changes the renewal rate. Client's Listing shall be included on all **PetroPages.com** Buyer's Guide CDs and on the **PetroPages.com** web site during the Client's Insertion Period.

**Billing Authorization:**

For and in consideration of PetroPages.com, Inc. extending credit at my request to Client, of which I am \_\_\_\_\_ (position), I hereby authorize PetroPages.com, Inc. to

**Option 1** \_\_\_\_\_ bill credit card. Provide card # \_\_\_\_\_ expires: \_\_\_\_\_

**Option 2** \_\_\_\_\_ pay invoice by check

Signed \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_