

MPN Deferred Payment Processing ("One-Time" Setup)

MASTER BILLING AGREEMENT



PURCHASER or PRIMARY CONTACT PERSON

Unique Account ID: _____ (if applicable, enter unique "username" or "customer ID")

Company/Entity Name: _____

Primary Contact Name: _____

Tel#: _____ Fax#: _____

Email: _____ IO# or PO#: _____

DESIRED SERVICES (choose 1 or more)

BASIC Job Posts 15 / 30 / 60 ENHANCED Jobs 15 / 30 / 60 UNLIMITED Job Posts BULK Feed Job Postings

Featured Event Listings Online Display Ads Solo E-mail Blasts e-Newsletter Display Ads

Featured Employer Profile Event Planning /Turnout Svcs. Training / Speaking Svcs. Executive Search Svcs.

PAYMENT PREFERENCE (choose 1)

Billing Invoice Company Check Payment Option: Upon receipt of a formal electronic invoice from MPN, my company will pay MPN via a company check within 30 days after order placement for the total balance due.

Online Credit Card Payment Option: I or a company representative will access - www.mpnDiversityJobs.com/login - OR- www.MPNsite.com/startpurchase.asp within 3 business days to pay total balance due by credit card or debit card.

Credit Card Authorization Payment Option: I will download and fax a signed credit card authorization form – www.mpnsite.com/advertise/cc-auth.pdf within 3 business days to have my credit/debit card manually processed by MPN.

GUARANTOR or APPROVER AUTHORIZATION

I hereby certify that I am authorized to bind the entity listed above to this deferred payment Master Billing Account (MBA) agreement. I further agree that I have the authority to guarantee timely payment to Minority Professional Network, Inc. in accordance with the terms and conditions of this agreement.

I further guarantee that MPN will be paid the full balance due in a timely manner based on the services category(ies) and payment options selected above for any advertising, marketing, or professional services rendered by MPN that are initiated by me or any other person granted access to purchase services from MPN under this ongoing agreement.

Approver Name: _____

Approver Role/Title: _____

Street Address: _____

City/State/Zip: _____

Tel#: _____ Email: _____

Date: _____ **Approver Signature:** _____

To activate this MBA and authorize payment for ongoing services, populate above fields; sign and email or fax to MPN office.

Minority Professional Network, Inc. | P.O. Box 55399 | Atlanta, GA 30308-5399

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Email: Support@MPNmail.com | Web sites: www.mpnDiversityJobs.com & www.MPNsite.com

The Global Career, Economic & Lifestyle Connection™ for Progressive Professionals
A Viable Source of Top Talent™ for Multicultural and Diversity-Focused Employers