

T-Mobile 512Kbps IOT Plan Activation

Thank you for your purchase of the ePowerOn Technologies Solar POE Station. Your device has come equipped with the Cradlepoint IBR200 wireless router and T-Mobile 512Kbps IOT Plan w/ available Static IP. Please use this guide to set up your T-Mobile Plan and activate your device.

PLEASE ALLOW ONE BUSINESS DAY FOR THE MOBILE PLAN ACTIVATION - IT IS RECOMENDED TO ACTIVATE YOUR DEVICE BEFORE INSTALLATION

Company Name:				
Billing Contact				
Registered Billing Address		Shipping Address		
Address Line 1		Address Line 1		
Address Line 2		Address Line 2		
City		City		
State		State		
ZIP		ZIP		
State of Incorporation		Federal Tax ID		
Cradlepoint SN		SIM ID		
Port Forwading (Y/N)	Local IP		Local Port	
Payment Terms First quarter payment is do your quarterly statement will be	ue upon activation of ser	<u>-</u>	s prorated from activation date.	

(Jan 1st, April 1st, June 1st & Oct 1st)

Accounts with CC authorizations on file will process automatically on their due date.

To prevent stoppage of service please ensure all bills are paid by the due date.

CC Processing (3% Processing Fee Applies)

Check/ACH



CREDIT CARD AUTHORIZATION FORM

Please complete and return this	s form to Credit Departm	ent by email
(accounting@epoweron.com) To:Credit Department_	Sales Rep:	Niles Harrell
Credit Card Information		
Credit Card Account #:		
Expiration Date:	CVV Cod	le:
Issuing Bank:		_
Bank #:		
Cardholder's Billing Address:		
Shipping Address: (Please che Same as Billing		ıble) Residential 🗌 Drop Shipping
If Billing Address is different fro	m Shipping Address, ple	ease specify:
I authorize Epower On Inc to chorders placed under this account that might be different from the dispute any credit card charge	narge to the credit card set. I also authorize Epower billing address per each after thirty (30) days of p	er/ reseller account with Epower On Inc specified below for all current and future yer On Inc to ship products to address order's instruction. I agree not to surchase, nor to dispute charges for sing, shipping, or handling charges.
Cardholder	Name:	
Cardholder	Signature:	
Date:_		

Note: Please return this signed authorization, for any questions regarding billing please contact accounting@epoweron.com

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