

**Data Tranz eServices Service Agreement for Glaxis**

I request that Data Tranz LLC provide EDI services for my business. I agree to the following service fees and conditions regarding the transmission of my invoices to Lynx Services of PGW and Glaxis Solutions of PGW.

- A. I understand that Data Tranz is not associated nor receives payments or remuneration from Lynx & Glaxis. My invoices will be paid by Lynx and are subject to their rules and regulations. I will hold Data Tranz LLC harmless in any dispute I have with the Glaxis & Lynx.
- B. I agree that Data Tranz is not responsible for payment of my invoices, not for invoices which may be rejected unpaid by the Lynx, nor any loss of revenue or business, nor any other actual or implied arising from my use of this service. I agree that any liability of Data Tranz will be limited to their published per work assignment (\$1.99) and per invoice (\$.99) service fee.
- C. I understand that Data Tranz incurs costs from my own activities, and I agree to pay Data Tranz for its services. Billing occurs at the end of each month with payment due on the 10<sup>th</sup> of the following month. I understand that failure to maintain my account in good standing may result in loss of Glaxis related services. If my account is suspended, I understand that I will be subject to a \$25 reconnect fee.
- D. Data Tranz retains the right to change this agreement at any time. Notice of changes will be made in writing 30 days prior to the effective date.
- E. This agreement shall be construed according to the laws of the State of North Dakota, USA.

**Instructions:** Please fill out the following form. All information provided remains within Data Tranz. Businesses without a valid credit card on file will be on an initial credit limit of \$25.00. Once we have activated your account with Glaxis, we will contact you via email or fax with further instructions.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Above \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ (as on file with Lynx Services)

A Recent Lynx Dispatch # \_\_\_\_\_

(Enter here or phone us) Credit Card Type \_\_\_\_\_ # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

**Thank You and we appreciate your business. We can be reached at 1-800-241-1493.**

**Fax this page to: 1-800-316-5829.**

Privacy Notice: All information provided herein remains with Data Tranz. Your information will never be sold or used by a 3<sup>rd</sup> party.