AVALONIX GROUP INC
410 Lawrence Bell Drive Unit 10
Buffalo NY 14221
Phone: (516) 986-0728 Fax: (516) 673-9707

Paid Phone Support Authorization Form

Date: _____ Amount**: $20 per 30 minutes (30min minimum)**
Billed per $^{1}/_{2}$ hour increment

Full Name: _____

Company Name: _____ (if applicable)

I, the Customer named above, hereby authorize AVALONIX GROUP INC dba "Security-Cameras-CCTV.com" to bill and charge my credit card for the Purchase of phone technical support Placed By Myself, My Company, its Principals, and/or its Representatives. I agree to pay for technical support by phone at the rate of **$20 per 30 minutes increment** and agree to the amount of time as calculated and billed by AVALONIX GROUP INC at the end of the incident. I understand this purchase is not refundable even in case the product I need support for is found to be defective. I waive the right to contest the amount of time calculated, and agree not to file disputes or chargebacks for this purchase of phone technical support including the event my support issue is not resolved. I understand that filing a credit card dispute will hold me liable for the amount of this Purchase PLUS a $50 dispute fee for each dispute which will be billed to my credit card automatically. I understand that this purchase is only for phone technical support only and does not include any on-site service at my premises or return shipping cost in case my product is found to be defective. I also authorize the technical support representative to access my computer remotely to help me with my technical support issue.

I agree that AVALONIX GROUP INC shall NOT, UNDER ANY CIRCUMSTANCES, be liable upon a claim or action in contract, tort, indemnity or contribution, or other claims relating to the products it sells or its technical support. AVALONIX GROUP INC shall NOT be liable for any damages, or for malfunction, delays, interruption of services, loss of business, loss or damage to exemplary damages, whether or not AVALONIX GROUP INC is apprised of the possibility of such claims of damage.

I have read and accept the Terms And Conditions Set Forth In THIS Agreement And AVALONIX GROUP INC's Sales Policies.

PLEASE PRINT CLEARLY. All the information below is required except where noted:

Credit Card (please mark one) Visa ( ) MasterCard ( ) American Express ( )

Credit Card Account Number:_____

Beginning Date (if any): _____ Expiration Date:_____

CVV Security Code :_____
(3 digit code on the back of Visa, Mastercard, Discover, or 4 digit number on the face of AMEX Cards)

Card Holder Name:_____
Exactly as it appears on the card

Card Holder's Date Of Birth: _____

Credit Card Billing Address: _____

_____

Card Holder's Phone Number: _____

Card Holder's Signature: _____

Please send this form along with:
Front and back copy of the credit card

Fax to (516) 673-9707 or Email to support@security-cameras-cctv.com