



CUSTOMER PROFILE FORM

CONTACT INFORMATION:

Company Name		Address / City / State / Zip Code	
Admin Contact	Email Address	Office Phone / Cell	
Technical Contact	Email Address	Office Phone / Cell	

BILLING INFORMATION:

Billing Name / Attn:		Billing Address / City / State / Zip Code	
Billing Contact	Email Address	Office Phone / Cell	
Tax ID #	State of Incorporation	Type of Business (Non Profit, LLC, Inc)	PO# (if applicable)

Payment Method (X): Credit Card: _____ Net Terms Using Billing Address Above: _____ **Invoice Method (X):** Email: _____ Post Mail: _____
Payment by means other than check or ACH will be subject to a convenience fee.

Credit Card #	Exp. Date	Security Code	Name on Credit Card
Credit Card Billing Address			Telephone
\$ _____ Please Specify One Time Authorized Charge Amount		\$ _____ Please Specify Authorized Monthly Charge Amount	

Signature - Authorizing the Above Charge Amounts _____ Date _____

MONITORING / ALERTING & STREAM ANALYTICS:

HDOntap has systems in place to automate the monitoring of networks and webcams and provide alerts if outages or issues arise as well as provide stream analytics. We are able to automate the delivery of these alerts and analytics by either email, text or both. If you would like to receive these alerts, please fill out the fields below.

Contact #1	Email Address	Cell / Cell Provider
Please X all apply: Receive Email Alerts: _____ Text Alerts: _____ Stream Analytics by Email: _____		
Contact #2	Email Address	Cell / Cell Provider
Please X all apply: Receive Email Alerts: _____ Text Alerts: _____ Stream Analytics by Email: _____		
Contact #3	Email Address	Cell / Cell Provider
Please X all apply: Receive Email Alerts: _____ Text Alerts: _____ Stream Analytics by Email: _____		