

SANDICOR, Inc.

******Hours: Monday – Thursday 8:00 A.M. – 5:00 P.M.******

Friday 9:00 AM – 5:00 PM

5414 Oberlin Dr., Suite 150

San Diego, CA 92121

TEL: 858-622-6200 • FAX: 858-622-6222

www.sandicor.com

IDX FRAMING AGREEMENT PAYMENT

CHECK Charge

Set Up Fee (one time) \$ 50.00

***Annual Fee** (September 1, 2004 – August 31, 2005) \$120.00
(see prorated schedule)

***Prorated Monthly – Based on month agreement begins:**

10/04	11/04	12/04	01/05	02/05	03/05	04/05	05/05	06/05	07/05	08/05
\$110.	\$100.	\$90.	\$80.	\$70.	\$60.	\$50.	\$40.	\$30.	\$20.	\$10.

I hereby authorize SANDICOR, Inc. to charge to my account noted below for my Framing Agreement.

Agent Name _____ Sandicor Member Number _____

Visa/MC # _____ - _____ - _____ - _____ Exp ____/____

American Express/Discover _____ Exp ____/____

Cardholder Signature _____ Date _____

Or

Check # _____ for the Amount of: _____

SANDICOR Office Use Only:	
Profile Name: _____	Staff Initials: Set Up Done: _____ Accounting: _____
Web Site Name: _____	