

Please complete all applicable fields below to order yo	ur energy efficiency equipme	ent and installation thro	ough The Madiso	n Energy Group:
Business Name:				
Key Decision-Maker / Contact Person's Name:		Title:		
Main Phone: Cell F	Phone:	Email	l:	
Business Address: Street Name:	City:_		State:	ZIP:
Installation Address (if different to above): Street Name:				
Billing Address (if different to above) Street Name:				
If multiple installation addresses are required, please a				<u></u>
How many units do I need?	PRODUCT Madison Energy IntelliHVAC	QUANTITY NEEDED	PRICE EACH	TOTAL PRICE
You will need one EnerG ² device for each walk-in cooler and/or freezer you have and one IntelliHVAC device for every HVAC unit you have.	Madison Energy EnerG ²	units	\$599	
				\$
	Madison Energy ASHDC	units	\$1095	\$
	Madison Energy IntelliPTAC	units	\$399	\$
	Madison Energy Professional Installation	locations	\$350	\$
INSTALLATION:			GRAND TOTAL	. \$
PAYMENT METHOD: Lease: The Madison Energy Group offers a 6 - 24 r have been in business for at least 2 years (no credit che conditions are provided in Madison Energy's Lease Conditions are provided in Madison Energy's Lease Conditions	necks are required) and you ontract which you will sign o	r first payment needs the directly with them. <i>Lea</i> st	to be made befo se payment amo	ore installation. Full terms and unts are:
EnerG2 - \$110/month (1	For sale between \$10,000 and \$50,000 (12 month) EnerG2 - \$55/month and IntelliHVAC - \$90/month		For sales over \$50,000 (24 month) EnerG2 - \$30/month IntelliHVAC - \$50/month	
ACH Debit: Bank name:		Account Type		
	Account Number:			
Payee Name:	Payee Address:	Address: City / State / ZIP:		
Credit Card: Name on Card:	Billing Address:		City / State / ZIP:	
Card Type (Circle One): Card Number Visa / Mastercard / Amex / Discover	er:	Expiration Date: CVV:		
Payments by Credit Card incur a 25% surcharge for the total amount. By checking Check: Please make check payable to: Viv Network LLC, Accounts Receivable Te	ork LLC for the final total am	ount. Please send you		opy of this Purchase Order to:
I certify that the information above is true and correct authorized reseller of Madison Energy Group) to electron amount I have agreed to in this purchase order. This authorized redelivery, installation, performance, warranty and equipment in contacting The Madison Energy Group as the manufacture.	ically withdraw the payment(ority remains in full force unti eseller of Madison Energy Gr ent replacement for your pure	s) from my bank accoun I Viv Network LLC receioup. Madison Energy Gr chased units. If a custom	nt or charge my cr ves written notific oup is responsibl	redit/debit card above with the cation requesting a change or e for equipment manufacture,
Name:	Signature:			Date://
Thank you for your business! Please send your completed process your order within 2 business days from receipt. Os supply and installation of your new energy efficiency process.	nce we successfully process	m to support@justviv.c your payment, Madisor	om and one of ou n Energy Group w	ır helpful team members will i'll contact you to arrange the
NOTES: Please add any further notes you wish our tea	am to be aware of below.			
REFERRING CONSULTANT DETAILS:		Consultant ID:		