

MASTER BILLING AGREEMENT



MPN Deferred Payment Processing ("One-Time" Setup)

PURCHASER or PRIMARY CONTACT PERSON

Unique Account ID: _____ (if applicable, enter unique "username" or "customer ID")
Company/Entity Name: _____
Primary Contact Name: _____
Tel#: _____ Fax#: _____
Email: _____ IO# or PO#: _____

DESIRED SERVICES (choose 1 or more)

- BASIC** Job Posts 15 / 30 / 60 **ENHANCED** Jobs 15 / 30 / 60 **UNLIMITED** Job Posts **BULK** Feed Job Postings
 Integrated Mktg./Social Media Online Display Ads Solo E-mail Blasts e-Newsletter Display Ads
 Featured Employer Profile Event Planning /Mktg. Svcs. Consulting/Training Svcs. Executive Search Svcs.

PAYMENT PREFERENCE (choose 1)

- Billing Invoice Company Check Payment Option:** Upon receipt of a formal electronic invoice from MPN, my company will pay MPN via a company check within 30 days after order placement for the total balance due.
 Online Credit Card Payment Option: I or a company representative will access - www.mpnDiversityJobs.com/login - OR- www.MPNsite.com/startpurchase.asp within 3 business days to pay total balance due by credit card or debit card.
 Credit Card Authorization Payment Option: I will download and fax a signed credit card authorization form – www.mpnsite.com/advertise/cc-auth.pdf within 3 business days to have my credit/debit card manually processed by MPN.

GUARANTOR or APPROVER AUTHORIZATION

I hereby certify that I am authorized to bind the entity listed above to this deferred payment Master Billing Account (MBA) agreement. I further agree that I have the authority to guarantee timely payment to Minority Professional Network, Inc. in accordance with the terms and conditions of this agreement.

I further guarantee that MPN will be paid the full balance due in a timely manner based on the services category(ies) and payment options selected above for any advertising, marketing, or professional services rendered by MPN that are initiated by me or any other person granted access to purchase services from MPN under this ongoing agreement.

Approver Name: _____
Approver Role/Title: _____
Street Address: _____
City/State/Zip: _____
Tel#: _____ Email: _____
Date: _____ **Approver Signature:** _____

To activate this MBA and authorize payment for ongoing services, populate above fields; sign and email or fax to MPN office.

Minority Professional Network, Inc. | 570 Piedmont Ave. NE, Unit 55399 | Atlanta, GA 30308

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The Global Career, Economic, Lifestyle & Networking Resource Portal for Progressive Multicultural Professionals
Marketing, Advertising, Recruitment, Event Planning & Training Solutions for Diversity-focused Organizations

Wholly owned brands, subsidiaries and web domains include:

MPN ■ MPN Consulting Services ■ MPN Diversity Recruiters ■ MPN Event Planning & Marketing Services
MinorityProfessionalNetwork.com ■ MPNsite.com ■ mpnDiversityJobs.com ■ MPNmail.com ■ MPNjobs.com