

**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](http://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:**

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

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: _____	