



Contract No. \_\_\_\_\_

**RIDER TO CONTRACT**

THIS RIDER is part of and is to be attached to Contract dated this \_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_ by and between Pavion Corp. and all its subsidiaries as listed in Schedule A and made a part hereof, hereinafter called "Contractor", and \_\_\_\_\_ hereinafter called "Subscriber" for Services located at the premises at \_\_\_\_\_.

Subscriber agrees to pay Contractor, its agents or assigns, the sum of \$\_\_\_\_\_, representing the "Annual Service Charge" per \_\_\_\_\_, billed in advance per \_\_\_\_\_ for a period of five years (the "Initial Term"), and in advance thereafter unless the Contract is terminated at the end of the fifth contract year, or until terminated at the end of any subsequent contract year, by written notice of such termination given by either party at least thirty (30) days prior to the end of such year. Contractor shall have the right to increase the annual service charge provided for herein at any time after the expiration of one (1) year to cover increases in costs of furnishing the service provided for under this Rider.

Contractor's representative will, upon request, review the items of increased costs with the Subscriber. The parties hereto mutually agree that the aforesaid Contract, of which this Rider is made a part, is and shall be and remain in full force and effect in accordance with all of the terms and conditions thereof, modified only as in this Rider specifically provided, and that said Contract and this Rider constitute the entire agreement between the parties hereto which cannot be changed, modified or discharged orally.

This Rider is not binding until approved by an Authorized Representative of Pavion Corp. and all its subsidiaries.

SUBSCRIBER HAS READ AND AGREES TO THE TERMS AND CONDITIONS ON ALL PAGES OF THIS AGREEMENT.

ACCEPTED: PAVION CORP. and all its subsidiaries

BY: \_\_\_\_\_  
SALES REPRESENTATIVE

\_\_\_\_\_  
SUBSCRIBER NAME

APPROVED: \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SUBSCRIBER BILLING ADDRESS

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED PERSON  
AND TITLE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SUBSCRIBER FEDERAL TAX I.D.