End User Paper Work

Chargers

Serial #:

Map Visibility: Yes ☐ No ☐ **EVSE Accessibility:** Public ☐ Private ☐

Primary Contact for Account/Dashboard Access

Name: _____

Address: _____ City,State,Zip: _____

Phone: _____ Email: _____

Additional Delegates

Name/Email:

Primary Contact for Invoice

Name: _____

Address: _____ City,State,Zip: _____

Phone: _____ Email: _____

Primary Contact for Reporting & Payment Remittance

Name on check for Remittance Payment (Matches W-9)

Name: _____

Address: _____ City,State,Zip: _____

Phone: _____ Email: _____

Primary Contact for Day to Day operations of Charging Stations

Name: _____

Address: _____ City,State,Zip: _____

Phone: _____ Email: _____

End User/Host Acceptance:

Client Signature: _____ Date: _____

Print Name & Title _____

The purchase/use of equipment hereunder is governed by the standard terms and conditions available at https://blinkcharging.com/legal/terms-of-use and https://blinkcharging.com/legal/terms-and-conditions-of-purchase

The purchase/use of Blink Network Services hereunder is governed by the standard terms and conditions available at https://blinkcharging.com/legal/blink-network-terms-and-conditions

Please provide the organization's W-9 and Tax-Exempt Certificate when returning the document to Blink.