



AUTOMATIC CREDIT CARD BILLING

Use this form to authorize CKS Wireless to set up recurring credit card billing for services that CKS Wireless provides for you. Please **PRINT** clearly. **INCOMPLETE FORMS CANNOT BE PROCESSED.**

Name(s) on CKS Wireless Account: _____

Month to Start: _____

Credit Card Billing Address: _____

Credit Card No. _____

Street _____

City / Zip Code _____

(_____) _____

Telephone

Contact Email Address _____

Name as it appears on Credit Card

Expiration Date

Select your card type: Visa Mastercard Discover

I would like my Card to be processed on (please check one): 4th 5th 6th 7th 8th 9th 10th

**Cards will only be processed Monday thru Friday; if your chosen date lands on the weekend,*

11th 12th 13th 14th

your card will be processed the next business day.

AUTHORIZATION

I hereby authorize CKS Wireless to charge the indicated credit card for monthly internet service provided. I agree that this is a monthly charge that will be made according to my billing cycle, and in order to terminate the recurring billing process I must either cancel my account, or arrange for an alternative method of payment. I understand that all account cancellations for which an active recurring billing authorization exists must be made in writing according to the requirements of CKS Wireless Terms of Services which I have read and understand. I agree not to dispute CKS Wireless' recurring billing with my credit card issuer as long as the amount in question was for services rendered prior to cancellation of the account. I agree to the terms and conditions set forth in the CKS Wireless Terms of Service, and I understand that I will forfeit any fees paid to date if my account is terminated as a result of a Terms of Services violation. I understand that CKS Wireless will not mail me any invoices or bills for monthly service. I agree that any credits issued by CKS Wireless for any reason will not be refunded to my credit card, but instead deducted from my next bill. I agree that if I have any problems or questions regarding my CKS Wireless service, I will contact CKS Wireless for assistance, using the contact information on their web site at www.ckswireless.com. I agree that I will not dispute any charges from CKS Wireless unless I have already made an effort in good faith to rectify the situation directly with CKS Wireless, and those efforts have failed. I authorize CKS Wireless and its parent company CKS Management, Inc. to run an address verification search. This verification process is a security measure designed to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this recurring billing agreement with CKS Wireless.

Cardholder's Authorized Signature

Date

REQUESTS TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO THE NEXT SCHEDULED PAYMENT TO:

CKS Wireless
PO Box 2125
Jacksonville, TX 75766

Fax: (903) 541-0889