

Ripco Communications, Inc. Credit Card Authorization Request

This request is made to Ripco Communications, Inc. ("Ripco") to charge the credit card indicated below for services provided by Ripco Communications to the undersigned cardholder. Signing this request indicates the cardholders agreement:

- To provide true, accurate and complete information and to notify Ripco of changes or updates to your account information.*
- To not impersonate any other person or use a name that you are not authorized to use.
- That the cardholder below is the same person that Ripco is providing services to and who has signed the Ripco Account Application and indicated agreement to Ripco's Acceptable Use Policy.

NOTE: If any information provided below or on Ripco's Account Application is untrue, inaccurate, not current, or incomplete, without limiting other remedies, Ripco has the right to terminate use of the Ripco-provided services and entitle Ripco to recover from the undersigned any costs or losses incurred as a direct or indirect result of the inaccurate or incomplete information. The undersigned cardholder authorizes Ripco, directly or through third parties, to make any inquiries we consider necessary to validate the cardholders information. Ripco will not disclose the information provided below for purposes other than validation.

Following information must be as it appears on your Credit Card Account

| | | |
|---------------------------------|--|----------------|
| First Name | | |
| Last Name | | |
| Credit Card Type/Number | Circle One: Visa Mastercard | Number: |
| Expiration mm/yy | MO YR | |
| Credit Card Verification Number | (3-digits) | |

| | |
|--------------------------------------|---|
| Address Line 1 | |
| Address Line 2 | |
| City | |
| State | |
| Zip Code | |
| Telephone Number | |
| E-mail* | |
| Account Name | |
| Amount to Charge | \$ |
| Frequency | Circle one: Once Monthly Quarterly Semi-Annually Annually |
| Start Date for Billing * mm/dd/yy | |

*For recurring billing only

I authorize Ripco Communications, Inc. to charge the credit card listed above for the amount(s) indicated above as payment for Ripco-provided services.

Signature

Date

REQUEST TO TERMINATE AUTHORIZATION OF RECURRING PAYMENTS MUST BE MADE IN WRITING, 30 DAYS PRIOR TO THE NEXT SCHEDULED PAYMENT, TO:

Ripco Communications, Inc.
3163 N. Clybourn
Chicago, IL 60618

Questions? Call 773-477-6210 or email billing@ripco.com