

USEPPA ISLAND WIRELESS NETWORK, INC.

CREDIT CARD PAYMENT AUTHORIZATION FORM

Member Name: _____ Account No.: _____ (OFFICE USE ONLY)

By completing and signing this form, I hereby authorize USEPPA ISLAND WIRELESS NETWORK, INC. (“**UIWN**”) to charge my credit card (the “**Credit Card**”) for payment of the member subscription products and/or services, and all charges otherwise incurred by or on behalf of the Subscriber/Member identified above, including penalties, interest, assessments, fees and charges that arise or are related to the member subscription products and/or services or membership. I agree that charges to the Credit Card will be made on or about the 1st day of every month.

If a Credit Card charge cannot be processed, I will be responsible for an alternate payment arrangement and any resulting processing fees.

Credit Card Charge

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number: _____

Name as it Appears on Card: _____

Expiration Date: _____

Billing ZIP Code: _____

E-mail Address: _____

I have read the terms of this application and agree to the terms. This authorization will remain in full force and effect until UIWN has received written notification from me of its termination in such time and in such manner as to afford UIWN and my Credit Card a reasonable opportunity to act on it. By signing this authorization, I acknowledge that I am an owner of Credit Card, that I have read and agree to all of the above information, and that I warrant all information given is true.

Signature of Credit Card Holder:

Printed Name: _____

Date: _____