	LTA RELE		River Delta Wirel Po Box 3 Rio Vista ca 94 P: 707-374-3 www.riverdeltawireless.c Authorization Form	801 571 144
Last Name:			First Name:	
Billing Address:			_E-Mail Address:	
Address 2:			Business Name:	
City, State, Zip:				
Telephone Number:	:		Fax Number:	
(FOR ELECTRONIC CHECK PLEASE SEE OTHER SIDE)				
□ MasterCard	□ Visa	□ Discover	□ American Express	
Credit Card Number:			Exp Date:	
I hereby authorize I check one of the foll		vireless to charge	my credit card my monthly internet bill (please	
🗆 Residential Inter	net \$34.95			

□ Other \$_____

AUTHORIZATION

I hereby authorize River Delta Wireless to charge the Indicated credit card for services provided and applicable excess usage fees. I agree that this is a periodic 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. I agree not to dispute River Delta Wireless recurring billing with my credit card issuer as long as the amount in question was for services provided prior to cancellation of the account. 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 River Delta Wireless. REQUESTS TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO THE NEXT SCHEDULED PAYMENT TO THE ADDRESS LISTED IN THE TOP RIGHT-HAND SIDE OF THIS DOCUMENT

Cardholder's Authorized Signature

Signature date

Electronic Check Form

□ Other \$_____

(Please include a voided check from account checked above)

AUTHORIZATION

I hereby authorize River Delta Wireless to charge the Indicated account checked above for services provided and applicable excess usage fees. I agree that this is a periodic 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. I agree not to dispute River Delta Wireless recurring billing with my account issuer (checked above) as long as the amount in question was for services provided prior to cancellation of the account. I guarantee and warrant that I am the legal account holder for this account (checked above) and that I am legally authorized to enter into this recurring billing agreement with River Delta Wireless. REQUESTS TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO THE NEXT SCHEDULED PAYMENT TO THE ADDRESS LISTED IN THE TOP RIGHT-HAND SIDE OF THIS DOCUMENT

Account Holder's Authorized Signature

Signature Date

River Delta Wireless