Square Circle Wireless

Auto Refill Credit Card Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the credit card information below and sign the form. All requested information is required. Upon receipt of this form, we will automatically bill your credit card for your monthly cell phone plan. Your charges will appear on your monthly credit card statement; this will serve as your receipt. You may cancel the automatic billing at any time by faxing our office, in writing within 5 days of the proposed auto-recharge date to 949-682-7165.

1. PARTIES: This Services Agreement (the "Agreement") is made and entered into as of____/___/____ , (the "Effective Date"), by and between The Preferred Prepaid ("TPP"), and _____("Client") each a "Party" and together the "Parties

2. SCOPE AND TERM OF AGREEMENT: TPP agrees to provide automatic recharge services to the Client regarding their Unlimited Prepaid Plan at the client's expense. No other services may be inferred by this contract

3. SERVICES TO BE PERFORMED: Client understands and affirms that the services listed below are the specific and only services for which Client has retained TPP. If Client requests TPP to perform additional services not listed below or in this Agreement, a new written agreement must be executed and additional fees may be required. Unless specifically mentioned below, Client has not retained TPP for any other services. a) Auto-Recharge: TPP will automatically recharge the client's monthly prepaid plan.

4. FEES FOR SERVICE ARE AS FOLLOWS: a. $2.00 per month for the system that sets up and runs auto-recharge for the client's Prepaid Unlimited Service.
b. The first 24 months all fees will be paid by TPP and the client will not pay any fees.

5. DUTIES OF THE CLIENT: a) The Client shall inform TPP of any specific month where they will need to suspend or cancel their auto-recharge.
b) The Client will inform TPP with regards to any changes in address.
c) Client shall defend, hold harmless, and indemnify TPP, including its officers, directors, employees, and assigns, from any and all liability and loss, including without limitation attorney's fees and other legal expenses resulting from: (i) any breach by Client of this Service Agreement or (ii) any negligent act or omission of Client with respect to this Service Agreement. The covenants and undertaking of this release and indemnification shall be binding upon Client, and its directors, officers, employees, successors, and assigns.

6. LIMITS OF LIABILITY: TPP and/or any affiliate or related company will not be liable for any consequential, incidental, special, punitive, exemplary or other damages (including, but not limited to, damages resulting from commercial or economic loss) or costs and expenses (including, but not limited to, attorney's fees and litigation costs), incurred as a result of any claim whether based on breach of agreement or otherwise. TPP does not refund any split payments, services are to be rendered at final payment as requested from first debit date to final debit date. In no event shall TPP's liability exceed fifty percent of the original service cost due to processing, which gives rise to any claim or refunding the purchase price of the service which gives rise to any claim. Client must respond within one week of any request from the Resolution Department, if client does not respond then it is to be considered client does not show continued interest in resolving their tax issue and TPP would not be liable for results of client's case.

7. PRIVACY POLICY: TPP is committed to ensuring that your privacy is protected. TPP uses the information you disclose only to the extent necessary to provide our services. This information is not used for any other purpose and is not shared with outside parties, except as provided for you in this policy or required by law. The only individually identifiable information that TPP collects about you is that information which you choose to share with us.

Square Circle Wireless

8. CLIENT BILLING INFORMATION: Please fill out the information as it appears on the Billing Credit Card.

Full Name (as it appears on card)

Billing Address

City State Zip Code

Home phone Email Address

Please initial to verify the Card Type _____

Please check one ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card number for Auto-Recharge _____

Expiration date _____ SVC (3 digit security code on back) _____

Customer Service 1-800 number (back of card) _____

Please initial to verify the plan amount _____

Please initial to verify the plan description _____

Monthly Amount $ _____ Next recharge date ____/____/____

Wireless number(s) to recharge	Cell Plan associated with number	
( )_____-_____	Carrier_____	Plan _____
( )_____-_____	Carrier_____	Plan _____
( )_____-_____	Carrier_____	Plan _____
( )_____-_____	Carrier_____	Plan _____

By signing below, I affirm that I have read, understand and agree to the terms and conditions of this Agreement.

I authorize The Preferred Prepaid to charge my credit card for the amount of my Prepaid Unlimited Service and to verify the billing address of my credit card with the issuing bank upon my signature. All information given above is complete and accurate.

_____

Client Name

_____ _____/_____/_____

Client Signature Date

Square Circle Wireless

Frank Schiefelbein _____/_____/_____

Agent Signature _____ Date

PLEASE FAX TO: 206-337-6342
OR SCAN AND EMAIL TO: SquareCircleWireless@gmail.com