



MONTHLY AUTOMATED CREDIT CARD AUTHORIZATION

This form authorizes the payee (Intelifi Inc.) to debit your credit card for any and all fees, recurring or otherwise, relating to your account on a monthly basis.

CARDHOLDER'S INFORMATION
As it appears on the card

Form fields for CARDHOLDER'S INFORMATION including FIRST NAME, LAST NAME, ADDRESS, CITY, STATE, ZIP, CREDIT CARD TYPE, CREDIT CARD ACCT #, EXPIRATION DATE, SECURITY CODE, and COMPANY NAME.

I, _____ (please print) acknowledge that the delivery of my authorization to Intelifi Inc., constitutes delivery by me to the branch of the financial institution at which I maintain an account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does not terminate the contract for the goods and services exchanged. The failure to maintain this authorization without making alternative method of payment approved by INTELIFI will, at the option of INTELIFI, constitute default on your obligations under the contract.

I authorize INTELIFI to debit my credit card as indicated below the variable amount " _x_ " with "variable amount \$X" being stated on a statement mailed or e-mailed to me, under the terms and conditions agreed to by me with INTELIFI until such time as written notice to the contrary is given.

I will notify INTELIFI in writing of any changes in the account information or termination of this authorization 30 days prior to the next due date of the pre-authorization debit.

I warrant that all persons whose signature(s) are requested to sign on this account have signed the agreement..

Cardholder's Name Cardholder's Signature Date