RECURRING CHARGE AUTHORIZATION FORM

Use this form to authorize Darkscape Internet Services, Inc. to set up recurring credit card billing for services that Darkscape provides for you. **PRINT BLANK FORM** and complete with black pen before mailing. Please **PRINT clearly**. **INCOMPLETE FORMS CANNOT BE PROCESSED.** Remember to fill out **ALL INFORMATION**.

Account: _____

Last Name _____ First Name _____ Business Name (optional) _____

Billing Address _____ Contact Email Address _____

City _____ State _____ ZIP _____ Telephone Number (i.e.: 888-327-5722) _____

Name as it appears on Credit Card _____ o MasterCard o Visa o Discover o American Express

Credit Card Number _____ Expiration Date _____

Bank Telephone Number (located on back of card) _____

AUTHORIZATION

I hereby authorize Darkscape Internet Services, Inc. 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 according to the requirements of the Darkscape Internet Services, Inc. Terms of Services which I have read and understand. I agree not to dispute Darkscape Internet Services, Inc.'s recurring billing with my credit card issuer as long as the amount in question was for services rendered prior to cancellation of the account. I agree to the terms and conditions set forth in the Darkscape Internet Services Terms of Service, and I understand that I will forfeit any fees paid to date if my account is terminated as a result of a Terms of Services violation. I understand that Darkscape Internet Services, Inc. will not mail me any invoices or bills. I agree that any credits issued by Darkscape Internet Services, Inc. for any reason will not be refunded to my credit card, but instead deducted from my next bill. I agree that if I have any problems or questions regarding my Darkscape Internet Services, Inc. service, I will contact Darkscape Internet Services, Inc. for assistance, using the contact information on their web site at www.darkscape.net. I agree that I will not dispute any charges from Darkscape Internet Services, Inc. unless I have already made an effort in good faith to rectify the situation directly with Darkscape Internet Services, Inc., and those efforts have failed. I authorize Darkscape Internet Services, Inc. and its sponsoring agency to run an address verification search. This verification process is a security measure designed to protect me, the client, from illegal fraud against my credit card. 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 Darkscape Internet Services, Inc.

Cardholder's Authorized Signature _____ Date _____

REQUESTS TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO THE NEXT SCHEDULED PAYMENT TO:

Darkscape Internet Services Inc
PO Box 1717
Seaford, DE 19973

Fax: 866-327-5722

Last updated: 11/17/2005