

DEFINITIVE CELLULAR RETAIL MANAGEMENT SOFTWARE 2152 E. Cedar Street, Tempe, AZ 85281 Toll Free: 877-277-6810 In-State: 480-839-8686 Fax: 480-839-0958

Pre-Authorization Form

Recurring and Subsequent Sale Charges Credit Card Payments

Customer Name:_____

d.b.a.:_____

Customer Address:_____

Customer Billing Account Number:

The undersigned Customer hereby authorizes TeleTracker, Inc. to obtain payment of invoices for recurring licensing and associated startup, hardware and service fees as outlined in Customer's TeleTracker Online End User License Agreement with TeleTracker, Inc. from Customer's credit card account identified below. TeleTracker, Inc. may charge the account from time to time, or upon expiration of the Customer's agreement with TeleTracker, Inc. for all recurring licensing and associated startup, hardware and service fees, since the preceding payment, without requirement of Customer's signature for each payment.

Name on Credit Card:		
Customer Credit Card #	: (Visa, MasterCard, and America	in Express Only)
CVV Number:	(3 digits on back – AMEX 4 digits	on front)
Expiration Date (Mo/Yr):		
Cardholder/Authorized User Signature		Date
Printed Name & Title of	Authorized Signor	
This signed form is con	er/Authorized Agent acknowledges and agrees fidential and will be kept on file at TeleTracker, a are processed through our Billing Department ar	Inc.'s corporate office.

- If Customer fails to dispute a charge within thirty (30) days from the time the credit card is charged, Customer hereby agrees that the charges are valid and agrees not to dispute said charges.
- Customer/Authorized Agent authorizes TeleTracker, Inc. to automatically charge their above-referenced credit card according to the terms outlined in the TeleTracker, Inc. End User License Agreement executed by Customer.
- Customer/Authorized Agent certifies warrants and represents that the cardholder named above agrees to pay the credit charge(s) in accordance with the Card Issuer Agreement.
- This authorization will remain valid until revoked in writing with thirty (30) days prior written notice of revocation.

Please fax completed form to (480) 839-0958 Attn: Billing Department