

RETAIN FOR YOUR RECORDS

On _____ (date) I authorized Santel Communications Cooperative to initiate variable entries to my (VISA, MASTERCARD or DISCOVER) credit card account for payment of monthly service from Santel Communications Cooperative and agreed to the terms listed on the authorization.

Santel Communications Cooperative agrees that it will indemnify and hold you harmless for any loss as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft, or order, whether or not genuine purporting to be executed or issued by or on behalf of Santel Communications Cooperative and received by you in the regular course of business for the purpose of payment, including any cost or expenses reasonably incurred in connection therewith.

(Detach and return lower portion to Santel Communications Cooperative)

AUTHORIZATION FOR AUTOMATIC PAYMENT BY CREDIT CARD

I authorize Santel Communications Cooperative and the financial institution named below to initiate variable entries to my credit card account. This authority will remain in effect until I notify you in writing to cancel it in such terms as to afford Santel Communications opportunity to act on it. I authorize scheduled payments to be made by charging to my credit card account between the 15th and 20th of each month if my bill date is the 1st of the month, and between the 1st and 5th of each month if my bill date is the 15th of the month.

NAME OF CREDIT CARD PROVIDER

ADDRESS OF CREDIT CARD PROVIDER

SIGNATURE

DATE

NAME (PLEASE PRINT)

ADDRESS (PLEASE PRINT)

CREDIT CARD: ___ VISA ___ MASTERCARD ___ DISCOVER EXPIRATION _____

CREDIT CARD NUMBER _____

EFFECTIVE DATE FOR AUTOMATIC PAYMENTS _____

Return to: Santel Communications Cooperative
PO BOX 67
WOONSOCKET SD 57385-0067

Fax: 605-796-4419

For more information, call us at 796-4411 or toll-free 1-888-978-7777