

Authorization Form for Credit Cards and Debit Cards

(Must have credit card logo on the card)

Rev. 2/4/03 v1.3

Authorization Agreement For Automatic Debit to your VISA/MasterCard/Discover, American Express or VISA Debit Account

Eastern Oregon Net, Inc. (hereinafter referred to as "COMPANY") is hereby authorized to debit my _____
account no. _____ held in the name
of _____ (hereinafter referred to as "Customer") in the amount of
\$ _____ monthly, plus any additional fees that may accrue on a monthly basis due to utilization of Company's services over
and above Customer's basic plan. Said debit is to occur on or about the _____ day of each month, starting in the month
of _____, 20 ____.

This authorization is to remain in full force and effect until Company has received written notification from Customer of authorization
termination (or notification to Customer by Company of account termination), in such time and in such manner to afford Company a
reasonable opportunity to act on it.

As an alternative, you may authorize Company to charge a one-time fee of \$ _____

Dated: _____, 200____ Expiration date of card: _____

Signed: _____

Authorization for ACH

(Fill out the Name Soc. Sec. #, date & sign, then attach a voided check (no deposit slips). That's all you have to do!

Authorization Agreement for Preauthorized ACH Withdrawals

I (we) hereby authorize **Eastern Oregon Net, Inc.** (hereinafter called COMPANY), to initiate debit entries to my (our) **CHECKING** _____
or **SAVINGS** _____ account indicated below, and hereby authorize the BANK DEPOSITORY named below, (hereinafter called BANK),
to debit the same to such account.

BANK/DEPOSITORY NAME: _____
CITY: _____ STATE: _____ ZIP: _____
TRANSIT/ABA NO: _____ ACCOUNT NO: _____

Withdraw \$ _____ plus any additional fees that may accrue to the utilization of Company's services, said debit to occur on
or about the _____ day of each month starting in the month of _____, 200 ____.

This authorization is to remain in full force and effect until Company has receive written notification from Customer of authorization
termination (or notification to Customer by Company of account termination), in such time and in such manner to afford Company a
reasonable opportunity reasonable opportunity to act on it.

Name: _____

Name: _____

Social Security No. _____

Social Security No. _____

Date: _____

Date: _____

Signed: _____

Signed: _____