



## Monthly Unlimited Auto Renew Enrollment Form

Please complete all of the following, PRINTING CLEARLY:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Monthly charge of \_\$ \_\_\_\_\_ for 12 months with automatic renewal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff initials: \_\_\_\_\_

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### **Cancel or Freeze**

Please allow 10 days notice prior to the next billing date to cancel or freeze your Auto Renew. Written notice is required; email will suffice.

\$25 monthly freeze charge

