Corporate Address:

Communiqué Kaleidoscope, Inc. 7349 N. Via Paseo del Sur, Suite 515-77 Scottsdale, AZ 85258

Billing Address:

Communiqué Kaleidoscope, Inc. Payment Processing 7349 N. Via Paseo del Sur, Suite 515-77 Scottsdale, AZ 85258

ACH Debit Recurring Billing Authorization Form

Please use this form to authorize Communiqué Kaleidoscope, Inc. to debit your bank account on a recurring basis for services that we provide to you.

Account Domain Name: Other Domain Names:	Account Number: Specify Services for Domain Names: Web Hosting Account Registration/Transfer/Renewal
	information the United States only.
Customer Information	Checking Account Information
Customer Name on bank account	Bank Name
Address on check	Bank City and State
Address Line 2 City State Zip	Bank Phone Number Enter the information that appears on your check in the spaces below the example (U.S. checks only!) Routing # Account # Check #
Telephone Number E-mail Address	(9digks)
This form must be FAXED back to +1 480-998-1943 Or you can mail it to our Billing Address at the top right of this form. For questions, please contact our Billing Department at +1 480-998-1843 or by email: billing@commkal.com	Bank Routing or "Transit" Number Bank Account Number
	Account Type (Checking or Savings)
Author	ization
account for services provided and applicable excess usage will be made according to your billing cycle, and that cancel your account, or arrange for an alternative method and You understand that all account cancellations must be Communiqué Kaleidoscope, Inc. Terms of Service Agree web hosting account. You agree that any credits issued uptime guarantee will <i>not</i> be refunded to your bank accapplied to your next billing cycle. You acknowledge that you are the owner or authorized significant.	e made in writing according to the requirements of the ement, which you agreed to when you signed up for your by Communiqué Kaleidoscope, Inc. under their service count, but rather the amount of the service credit will be gner on the account information entered in this form.
Signature of authorized Bank Account Holder	Date