

1. BUSINESS INFORMATION

Business Name: _____ Business Phone: _____ Client ID: _____
 Business Address: _____

2.

NEW (Never before submitted to MSI)
 RENEWAL (Does not affect existing agreement with MSI)
 REPLACEMENT (This option cancels existing agreement with MSI)
 UPGRADE (This option upgrades existing agreement with MSI)
 FINAL PAYMENT DUE ON EXISTING AGREEMENT: mm/dd/yyyy
 MEMBER SOLUTIONS ACCOUNT ID: _____

3. CUSTOMER INFORMATION (Complete each item)

Customer (First & Last Name): _____
DOB: mm/dd/yyyy Home Phone: _____
Work Phone: _____ ext. _____ **Cell Phone**: _____
Billing Address: _____
City: _____ **State or Prov**: _____ **Zip or PC**: _____
Member 1 (First, Last Name): _____ **DOB**: mm/dd/yyyy
Member 2 (First, Last Name): _____ **DOB**: mm/dd/yyyy

4. EMAIL ADDRESS

I authorize MSI to notify me at the following email address when my statement or other correspondence is available and ready to view online.
 _____@_____

5. PROGRAM DESCRIPTION

6a. TERM (Complete only 6a. OR 6c.)

1. Program Price	\$	_____	6. Balance/Total Billed (line 3 +/- lines 4 & 5)	= \$	_____
2. Downpayment (Tendered)	- \$	_____	7. Number of Payments		_____
3. Sub-Total (line 1 minus line 2)	= \$	_____	8. Amount Due (line 6 divided by line 7)	÷ \$	_____
4. Service Charge	+ \$	_____	9. Program Start Date		mm/dd/yyyy
5. Other +/- \$		_____	10. Program Expiration Date		mm/dd/yyyy

6b. AUTOMATIC RENEWAL OPTIONS

If auto-renewal selected, upon Program Expiration Date (6a. 10), this Agreement will continually renew as set forth below with the same billing method, frequency and due date. Length of the renewal period is determined by type (Open or Term). MSI must receive written notice not less than 30 days prior to Program Expiration to terminate a scheduled auto-renewal. If the Agreement renews, termination is governed by the renewal type.

Open Renewal Payment Amount \$ _____ Cancellation Notice _____ Days
 (Unless otherwise stated, a 30-day written cancellation notice is required.)

Term Renewal No. Payments _____ Renewal Increase _____ %
 Payment Amount \$ _____ Program Length _____
 (Each renewal term is for the same Program Length. To cancel, MSI must receive written notice not less than 30 days prior to the expiration date of any Renewal Term. If renewed, you are responsible for payment for the entire Renewal Term.)

6c. OPEN (for Ongoing Memberships only)

1. Ongoing Payment Amount \$ _____ Cancellation Notice _____ Days
 (Unless otherwise stated, a 30-day written cancellation notice is required.)

7. FIRST PAYMENT DUE DATE/ BILLING FREQUENCY (applicable to both Term and Open)

First Payment Due On: mm/dd/yyyy
Billing Frequency (due monthly if not selected):
 Monthly Every _____ (mos)
 Weekly Every _____ (wks)
 [Please note that coupon and statement are not valid options for weekly or bi-weekly billing frequencies.]

A late fee of \$ _____ will be assessed for any payment _____ days past due. If not specified a late fee of \$10 will be due for any payment 5 days past due.

8. BILLING METHOD (choose one) Bank Draft Credit/Debit Card Statement Coupon (available for Term Memberships only)

Complete either Bank Draft or Credit/Debit Card if Selected as Billing Method Above

Bank Draft ATTACH VOIDED CHECK Checking Savings
 Name of Financial Institution: _____ Check No.: _____
 Routing No. (First 9 digits): _____ Account No.: _____

Credit/Debit Card Account No. (Visa, MasterCard, American Express and Discover accepted): _____
 Expiration: mm/yy

9. SPECIAL INSTRUCTIONS (or ADDITIONAL MEMBERS)

BILLING AGREEMENT

Internal Use Only

This Agreement is between Member Solutions ("MSI") and Customer in relation to Business. The phrase "888-277-4408 Member Fees" will appear on your bank or credit card statement. Any account more than 5 days past due will be charged a \$10.00 late fee unless otherwise stated herein. Any returned payment will be assessed a \$25.00 fee. Any unsuccessful scheduled electronic transaction is subject to a \$10.00 processing fee. MSI is not responsible for any bank fees incurred by Customer. MSI has the sole right to modify any payment due date and to resubmit returned or declined items (plus applicable fees) without prior notice. If the Billing Method is modified during the term of this Agreement, the payment amount may be adjusted accordingly (if applicable, by Business).

MEMBER'S (CUSTOMER'S) RIGHT TO CANCEL

If you wish to cancel this Agreement, you may cancel by delivering or mailing by certified mail, return receipt requested written notice to the Business. The notice must say you do not wish to be bound by the Agreement and must be delivered or mailed before 12 midnight of the third business day after you sign this Agreement. The notice must be delivered or mailed to MSI and the Business at the addresses set forth herein. If you cancel, any downpayment or initial fee may not be refundable and the Business may be entitled to a portion of the total Agreement price.

If the Business goes out of business or refuses to give you a refund, there may be a bond or letter of credit under which you are entitled to collect. MSI will not be responsible for any refunds. Enforcement of applicable consumer statutes is by your state or local authority. If you feel your rights have been violated you should contact your state or local Consumer Affairs Office.

I have read and understood this entire Agreement and I agree to comply with all the provisions, terms and conditions set forth on both sides of this Agreement including but not limited to paying the Balance/Total Billed (6a.6). I further agree that once signed, this Agreement is a legally binding and enforceable obligation. I acknowledge I have received a copy of this Agreement.

member SOLUTIONS BILLING INQUIRIES 888-277-4408
 PO Box 297, Hatboro, PA 19040

Print Customer Name: _____
 Customer Signature: _____
 Authorized Business Representative: _____
 Date (mm/dd/yyyy): _____ universal/W081011