



## Credit Card Billing Authorization Form for Trap-Alert™ Subscription(s)

Credit Card Billing Information:	
Company Name:	
Person Authorizing:	
Credit Card Type	
Credit Card Number	
Enter CVC Number	
Expiration Date	
Billing Address:	
City:	
State:	
Zip:	
Phone Number:	
Email address:	
WCS Order Reference:	
<b>Please select correct box for the following subscription options: One subscription required per Trap-Alert™ Unit**.</b> (Details for subscriptions can be found at <a href="https://store.newfrequency.com">https://store.newfrequency.com</a> )	
Qty ____ 3 Month Prepaid \$ 206.63 (5% discount)	Qty ____ 3 Months - Monthly Billing \$ 72.50 per month
Qty ____ 6 Month Prepaid \$ 326.33 (5% discount)	Qty ____ 6 Months - Monthly Billing \$ 57.25 per month
Qty ____ 12 Month Prepaid \$ 471.75 (7.5% discount)	Qty ____ 12 Months - Monthly Billing \$ 42.50 per month
Qty ____ 24 Month Prepaid \$ 810.00 (10% discount)	Qty ____ 24 Months - Monthly Billing \$ 37.50 per month
<b>**Please note that the Trap-Alert™ Unit(s) order will not be processed until New Frequency receives the subscription order and payment information.</b>	
<b>Total Qty:</b>	<b>Total billing amount:</b>
Please provide a company email address for Trap-Alert™ notifications.	<b>EMAIL:</b>
<b>Billing for subscription service will be processed by New Frequency, Inc.</b> Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at New Frequency's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to <a href="mailto:accounting@newfrequency.com">accounting@newfrequency.com</a> .	

The undersigned is the duly authorized representative of the company above and agrees to New Frequency's Terms and Conditions as listed at [http://www.newfrequency.com/docs/NewFrequency\\_terms\\_and\\_conditions.pdf](http://www.newfrequency.com/docs/NewFrequency_terms_and_conditions.pdf). A copy can be provided upon request.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_