



I, _____ hereby authorize PayPal Transaction ID # _____ in the amount of US\$ _____ which I am authorized to send from the PayPal account with the registered email address of _____@_____ to Rivalhost.com accepting payment via PayPal to our registered email address: sales@rivalhost.com. By signing this form, I agree with all terms and conditions of the sale/order, as specified in the Rivalhost.com Service Agreement, which I have made over the phone, by fax, or via the Internet. I also authorize any additional PayPal transactions I may make in the future to Rivalhost.com, applied towards recurring monthly service fees, as well as any additional services or service upgrades, that I request on my account, and any applicable usage charges. The registrant information of my PayPal account is:

Account Holder: _____ Phone # _____

Street Address*: _____

City _____ State _____ Zip/Postal Code _____ Country _____

*** Must be registered shipping address listed on your PayPal account.**

I understand that this information will be used for purposes of verification with the PayPal system to prevent fraudulent usage. Please note: If your PayPal registered email address changes, or if you wish to utilize a different PayPal account than listed on this form, you will need to complete and provide to Rivalhost.com a new PayPal Authorization Form.

You must attach a legible copy of your Driver's License (or other valid photo ID: Passport, Gov't Identification, etc...) .

Printed Name: _____

Signature: _____ Date: ____/____/____

PAYPAL AUTHORIZATION FORM

Please fax back to: (877) 440-1979 —ATTN: BILLING DEPT

Or

Send via Email w/attachments to billing@rivalhost.com

PLEASE MAKE SURE TO PROVIDE ALL DOCUMENTATION REQUIRED!