

1 Account Information

NAME (as it appears on your account application)		ACCOUNT NUMBER(S)
DAYTIME PHONE NUMBER		EMAIL ADDRESS

2 Credit Card Information

CARD TYPE (choose one):				<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
NAME AS IT APPEARS ON CARD		CARD NUMBER			SECURITY CODE		
EXPIRATION DATE		BILLING ADDRESS					
CITY, STATE, ZIP							
<input type="checkbox"/> CHECK BOX TO UPDATE YOUR ADDRESS ON FILE							

3 Fees Charged

Check All That Apply:

<input type="checkbox"/> ONE-TIME FEE \$ _____ By checking this box, you authorize Entrust to charge your credit card a one-time fee. Entrust will not charge any future fees to this card.	<input type="checkbox"/> CURRENT / FUTURE ANNUAL RECORD KEEPING AND TRANSACTION FEES By checking this box, you authorize Entrust to charge your credit card the recordkeeping and transaction fees.	<input type="checkbox"/> TERMINATION FEE By checking this box, you authorize Entrust to charge a termination fee. Entrust will not charge any future fees to this card.
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4 Acknowledgement

By signing below, you authorize your credit card to be charged for the option(s) chosen above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.

SIGNATURE	DATE
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Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	Myaccount@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607