

## FAX #: (323) 290-7135 PHONE#: (323) 290-7132 MAIL: 3870 CRENSHAW BLVD 204 LOS ANGELES, CA 90008 SUBSCRIPTION AGREEMENT

(FILL UP THIS FORM AND MAIL OR FAX TO RETRAN)

THIS AGREEMENT is made by between Retran, Inc. , hereinafter referred to as "RETRAN" and

NAME	email (will be your username)				
STREET ADDRESS (no post office boxes)					
CITY ST	ATE	ZIP	PHONE	<u> </u>	
Hereinafter referred to as "SUBSCRIBER"					
RETRAN grants to SUBSCRIBER during the term a ri at any given time with a limited, non-exclusive, nontrained.	ght of access to nsferable licens	the data in the RET e to use data, copyri	RAN System (www.ghted or copyrightal	v.retran.net) usi ole by RETRAN	ng <u>2</u> terminal(s) I.
SUBSCRIBER shall pay a NON-REFUNDABLE amouto the sum of the cost of selected services below:	nt of \$	as an account estab	olishment fee and a	monthly subsc	ription fee totaling
[ ] LOS ANGELES (\$159/month) initials	_ _ _	[ ] ORANGE (\$99/ [ ] SAN BERNARD [ ] VENTURA (\$99	OINO (\$99/month)	initials initials initials	
OR					
[] OTHERS, please specify county:		, price	:		
OR					
[ ] ALL (LA, OC, RI, SB, SD, VE) (\$339/month) initials					
,which applies to Subscribers monthly online usage st	arting from rece	ipt of this form.			
This agreement shall RENEW automatically for like te	rms unless cand	celed within 30 days	notice before the ne	ext billing due.	
SUBSCRIBER acknowledges that this is a website mis active.	embership and	NO refunds or credits	s are given to any u	inused months	while the account
SUBSCRIBER shall provide for all telephone lines, ch	arges and other	equipments necessa	ary to access the RI	ETRAN System	
RETRAN System is provided on "as is" basis. Neither limitation, those of merchantability and fitness for a pa	RETRAN nor its rticular purpose	s suppliers make any , with respect to the	v warranties, expres RETRAN System.	sed or implied,	including, without
SUBCRIBER WILL NOT REPRODUCE, SELL, PUBL THROUGH THE RETRAN SYSTEM EITHER BY ITSI REPRODUCTION, SALE, PUBLICATION OR EXPLORETRAN.	ELF OR TO ENI	HANCE ANOTHER F	PRODUCT, OR PAR	RTICIPATE IN C	R ALLOW SUCH
SUBSCRIBER shall maintain confidentiality of its SUB	SCRIBER pass	word(s) at all times a	and take responsibil	ity for its/their s	ecurity.
This agreement is subject to credit approval at the disc	cretion of RETR	AN.			
CREDIT CARD INFORMATION:					
CREDIT CARD #:					
EXPIRATION DATE: TYPE	[]AMEX[]MA	STERCARD[]VISA	Ą		
AVS / 3 OR 4 DIGIT SECURITY NUMBER (behind the	e card):				
NAME (as it appears on credit card):					
BILLING STREET ADDRESS:					
BILLING CITY, STATE and ZIP:					
SIGNATURE OF CARD OWNER:				<del></del>	
SIGNATURE		TITLE			
COMPANY NAME					