



AUTHORIZATION AGREEMENT FOR DIRECT PRE-ARRANGED CREDIT CARD PAYMENTS

PLEASE FAX BACK COMPLETED FORM TO: 832-553-7849

Customer Name: _____

Customer Account # _____

Service Address: _____

Telephone: (_____) _____

Email Address: _____

I hereby authorize Tara Energy, Inc., hereinafter called "Company" to initiate debit entries to my credit card as indicated below. I agree that the Total Amount Due as indicated on my monthly invoice shall be debited on the due date. This authorization is to remain in full force and effect until I revoke the Agreement. Any revocation shall not be effective until Company has received written notification from me of my desire to terminate this Agreement in such time and in such manner as to give Company and the associated bank or financial institution a reasonable opportunity to act on it. I understand that it may take 1-2 billing cycles (or approximately 4-6 weeks) from the time of my request to add or cancel the automatic debit feature on my account. I agree that Company, in its sole discretion, may terminate this Agreement if my account should lack sufficient funds for payment. In the event Company is unable to secure funds from my credit card for any reason further collection action including application of insufficient funds fees, may be undertaken to the full extent provided by law. Any termination of this Agreement (including Customer's revocation or Company's termination) shall not affect any of Company's rights or Customer's timely payment obligations for electric services supplied by Company to Customer, or any other provision of the Customer's applicable Terms of Service.

Customer hereby agrees to pay, indemnify and hold the Company harmless from and against any and all liabilities with respect to the performance of this Agreement.

Credit Card Number: _____

Expiration Date: _____

Type of Credit Card(circle one): Visa Master Card Discover

Security Code: _____

Card Billing Address (if different from Service Address): _____

I hereby authorize my bank provider to honor all debits initiated through Company.

Signature: _____

Name: (Please Print) _____

Date: _____

PLEASE FAX BACK COMPLETED FORM TO: 832-553-7849