



Billing / Payment Change Request Form

I am currently a HIS customer and would like to make the following changes to my billing and/or payment information. I understand that these changes do not in any way affect any of my responsibilities and obligations to any of the terms and conditions of the Subscriber License and Access Agreement, rules of the service, and the Pre-authorized Payment Agreement currently in effect.

Please print your Name: Last Name First Name Middle Name/Initial(s) HIS ID #:

Name of your Company/Office/Employer:

Please complete the section(s) below pertaining to the change(s) you wish to make.

Change Billing Cycle to: Annually Semi-Annually Quarterly Monthly (Not available for MLS service)

Change to Pay by Credit Card or change to Credit Card Information: Type of Credit Card: Visa MasterCard AMEX Discover; Credit Card #: Expiration Date: Name as it appears on Credit Card: Cardholder's Signature: X Date:

Change to Debit My Bank Account or change to Bank Account Information: Debit my Checking Account (Attach copy of a voided check.); Account Name: Bank Name: Account Number: Routing Number: Payment Date:

Change to payment by Check

Please apply the above billing or payment changes to the following customer(s). Myself Other(s)

If you checked off Other(s) above please provide his/her/their name(s) below:

Name(s) of Other Party/Parties: Last Name First Name Middle Name/Initial(s)

Please apply the billing or payment changes to the following services/products for the party(ies) above:

All current services MLS/MLS of Choice TMK Member Maps Tax Maps Condo Guide Ad - Channel Ad Ad - Skyscraper Domain Name EZ IDX IDX RETS-IDX RETS-VOW Website Website Hosting Web-Vow Feed WP Super Site Web Wrap

Other (Please provide name(s) of services or products below):

Please note that a \$25.00 service fee may be assessed in the event of returned checks or credit card denial or if changes to payment method or cycle are made after the billing has been processed. Fees not paid when due may result in the assessment of late fees and/or the suspension or termination of service.

Subscriber's Signature X Date:

Please Email this form to Accounting@hiinfo.com, Fax to 1-888-628-3121 from Neighbor Islands or 808-536-6499 from Oahu, or Mail to Hawaii Information Service, 680 Iwilei Road #670, Honolulu, HI 96817. Please allow 48 hours for activation, excluding weekends and holidays.