

RTO Insurance Application Form

PERSONAL INFORMATION			
First Name:		Last Name:	
Email:		Phone Number:	
Address:		Apartment / Unit:	
City:		Zip code:	
BILL INFORMATION			
Select the Service You Want Bill Redaction for:			
<input type="checkbox"/> Internet <input type="checkbox"/> Cable <input type="checkbox"/> Mobility <input type="checkbox"/> Electricity / Energy <input type="checkbox"/> Home Security / Home Automation			
Current Monthly Bill Amounts:			
Electricity	Mobility	Cable	Internet
Name of Service Providers			
Electricity	Mobility	Cable	Internet
Name on Your Account:			
Electricity	Mobility	Cable	Internet
Account Number:			
Electricity	Mobility	Cable	Internet
Social Security Number (Last 4 Digits):			
4-Digit PIN (if applicable):			
Electricity	Mobility	Cable	Internet
Monthly Bill Due Date:			
New Monthly Bill Amounts:			
Electricity	Mobility	Cable	Internet
\$	\$	\$	\$
Service Agreement - RTO Insurance			
<p>This Service Agreement ("Agreement") is entered into between the customer ("Customer") and RTO Insurance ("RTO Insurance") for the provision of bill redaction and related services. By signing this Agreement, whether physically, digitally, or by any other means, the Customer agrees to the terms and conditions outlined herein.</p> <p>1. Accurate Information Customer acknowledges that providing accurate and truthful information on the application form is essential. Incorrect or misleading information may result in delays in the provision of services by RTO Insurance.</p> <p>2. Timely Application For Customers signing up for RTO Insurance services that are already activated, the first month's bill total,</p>			

after applying the redacted percentage, will be charged to the Customer's provided payment method on file immediately. All applications for RTO Insurance must be completed within 48 hours of service activation.

3. Discontinuation of Auto Bill Pay

Customer shall not pay bills directly to service providers if they have any services on auto bill pay. Prior to signing up with RTO Insurance, Customers must discontinue any auto bill pay services with their providers. Upon signing this Agreement and activation, RTO Insurance assumes responsibility for all bill payments. The Customer's payment method on file will be charged for the discounted bills directly by RTO Insurance on a recurring monthly basis. Failure to make timely payments will result in non-payment, and Customers must contact RTO Insurance promptly to resolve the issue.

4. No Refund Policy

There is no refund or bill credit policy for using RTO Insurance services. In the event that a Customer files a dispute with their financial institution for a refund, a copy of this Agreement will be provided to their financial institution and the payment merchant used for all payments. RTO Insurance maintains a strict no-refund policy for both bill payments and premium customer support.

5. Premium Customer Support

If the Customer signs up for premium customer support, an upfront fee of \$10 will be charged to their payment method on file. This fee is non-refundable and non-creditable.

6. Customer Support

For any issues related to this Agreement or services provided by RTO Insurance, Customers may contact RTO Insurance via email at insurance@retrographic.org or by calling (507) 544-9376.

7. Agreement Acceptance

By signing this Agreement, whether physically, digitally, or by any other means, the Customer acknowledges and agrees to the terms and conditions stated herein. This Agreement constitutes a legally binding contract between the Customer and RTO Insurance.

8. Service Disruption

In the case your service is disrupted the customer is advised to contact us at (507) 544-9376 & a representative will get the issue pertaining to billing resolved within 4 hours. In case the delay is higher than 4 hours the customer will be provided with a bill credit on their monthly bill.

By signing below, I, _____, accept and agree to the terms and conditions of this Service Agreement:

RTO Insurance

Signature: _____

Name (Printed): _____

Date: _____

Customer

Signature: _____

Name (Printed): _____

Date: _____

Note: For digital or electronic signatures, the act of submitting the application form with the provided information serves as the Customer's acceptance of this Agreement.