Recharge Inc.

CCPA Request Form

California residents can use this form to submit requests under the California Consumer Privacy Act ("CCPA") regarding personal information collected by Recharge Inc. (hereinafter "Recharge", "we", or "us").

Please note that Recharge acts as a service provider to our merchant customers ("Merchants") that determine how your Personal Information is collected, used, and/or shared, and that much of the Personal Information Recharge collects would be subject to exceptions in the CCPA (for instance, for Personal Information processed in a business-to-business context) to the extent the CCPA applies. If you are a consumer associated with one of our Merchants on whose behalf we have collected or processed your Personal Information, this privacy policy does not apply to you, and if you have questions or wish to exercise your rights relating to your Personal Information (such as access or deletion), please contact the Merchant directly.

Recharge reserves the right to refuse requests, in part or in whole, to the extent permitted by law, if we are unable to verify your identity, or if we cannot verify your authority to act on behalf of another person. For certain requests, we may ask for additional information or documents to verify the identity of the consumer who is the subject of the request. The information provided through this form will be used to respond to your request, including verifying identity, identifying personal information responsive to your request, and keeping records of your request.

The completed and signed Request Form should be submitted either:

• `	Via	email	at	privac	y@re	chargeapp	s.com	with	the s	ubject	line	"CCPA	Request	," o)1
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• Via mail to 1507 20th St., Santa Monica, CA 90404.

City and state of residence:

1. Requestor information Name: Email address: Phone number: City and state of residence: 2. Are you the consumer? [] Yes, I am making a request related to personal information about me. [] No, I am acting as an authorized agent for the consumer. I have enclosed a California Authorized Agent Designation form completed and signed by the consumer. 3. Consumer information (if different from requestor) Name: Email address:

[] Request to know categories of personal information Recharge has collected, used and/or disclosed about the consumer.
[] Request to obtain specific pieces of personal information Recharge collected about the consumer.
[] Request to delete personal information Recharge has collected from the consumer.
Declaration BY SIGNING BELOW, I HEREBY CERTIFY THAT THE INFORMATION ENTERED INTO THIS FORM IS COMPLETE, ACCURATE AND UP-TO-DATE, AND THAT I AM THE CONSUMER WHO IS THE SUBJECT OF THE REQUEST OR HAVE BEEN AUTHORIZED BY THAT CONSUMER TO ACT ON HIS/HER BEHALF, AS INDICATED ABOVE. I UNDERSTAND THAT IT MAY BE NECESSARY FOR RECHARGE TO VERIFY THE IDENTITY OF THE CONSUMER AND/OR AUTHORIZED AGENT FOR THIS REQUEST, AND ADDITIONAL INFORMATION MAY BE REQUESTED FOR THIS PURPOSE.
Signature:
Name: Date: