

Credit Card Authorization Form / Signature File

Directions:

Because you are not present when your credit card is charged each month, we require this signature form to be kept on file. Please fill this form out completely and clearly. When complete, fax it to 208-988-7042. You should also keep a copy for your records.

Credit Card Information:

1. Website Name: _____

2. Business Name: _____

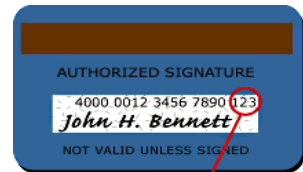
3. Cardholder Name (exactly as on card): _____

4. Card Type (circle one): Visa MasterCard American Express

5. Credit Card Number: _____ Exp. Date: _____

6. CVV2 Number from back of card*: _____

**If you are using an American Express card, the number is 4 digits and is found on the front of the card.*



7. Billing Address of Credit Card: _____
(this is the address that your statement comes to) _____

Contact Information

Name: _____ Title: _____

Telephone Number: _____ Email: _____

By signing this form I agree to the following:

***I authorize Networks Technology Solutions CF, Inc. to charge the above credit card for products or services provided. Services may include website hosting, contract services, consulting or hardware/software purchases.**

***This form is NOT a credit application and does not establish a line of credit.**

Signature of Authorized Agent

Signature: _____ Date: _____

Print Name: _____

Title: _____

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