Please fax this form to our Billing Department for processing. The form can also be scanned and emailed to: FAX@Your-Site.com.

One-Time Credit Card Payment

Your-Site Billing

To:	Your-Site Billing Department	**From:**	
Fax:	1-413-499-4504	**Pages:**	
Phone:	1-413-499-6690 option 3	**Date:**	/ /
Re:	One Time Payment	**CC:**	

(DO NOT MODIFY THIS STATEMENT OR WE WILL NOT BE ABLE TO UPDATE THE ACCOUNT).

I give authorization to have this card billed by your-site.com for all fees related to the account(s) for the domain(s) listed here: _____.

I understand that there is and agree to pay a $10 manual credit card processing fee for this transaction.

SIGNATURE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) - x

(This information should match that on the card)

CREDIT CARD: ❑ VISA ❑ MASTERCARD ❑ DISCOVER **AMEX IS NOT ACCEPTED**

CARD NUMBER: _____ EXPIRATION: ____/____

NAME AS IT APPEARS ON CARD: _____

Below is a copy of the back of my credit card for verification:

NOTE: The back of the card will need a valid signature. If the card states CHECK ID, please include a copy of your ID as well. If you need more space, please use additional sheets. Do not cover this section.

❑ Removed credit card information

❑ Initials

❑ Date
(For office use only)

BACK OF CARD