

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

## Credit Card Authorization

# Your-Site Billing

**To:** Your-Site Billing Department

**From:** \_\_\_\_\_

**Fax:** 1-413-499-4504

**Pages:** \_\_\_\_\_

**Phone:** 1-413-499-6690 option 3

**Date:**     /     /

**Re:** Credit Card Authorization

**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 hosting for the domain(s) listed here: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (       )       -       x

CREDIT CARD:    VISA    MASTERCARD    DISCOVER

**AMEX IS NOT ACCEPTED**

CARD NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_ / \_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

Below is a copy of the front and 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.**

**BACK  
OF CARD**