



AUTHORIZATION TO CHARGE CREDIT CARD

Please CHECK one: Visa MasterCard American Express

Card Number: _____ Expiration (mo/yr): _____

Cardholder Name: _____

CVV/CVC Code: _____
Visa or MasterCard has 3-digit code on the back of the card
American Express has 4-digit code on the front of the card

Company Name: _____ Account No: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Please CHECK the box below that represents which services you will be using :

I hereby authorize Infinet Systems to charge the credit card above, on a monthly basis, for service rendered.

I hereby authorize Infinet Systems to charge the credit card above, one-time only, for service rendered, in the amount of \$ _____ for Invoice/Order# _____

Printed Name of Cardholder

Signature of Cardholder

Date

Please return this **signed and dated form** via email accounting@infinetsystems.com or fax **510.887.6868**

*** THANK YOU FOR YOUR PAYMENT ***

