



Credit Card Authorization Form

Last revised: 10-21-2014

Company Name: _____

Name of Card Holder: _____

X

Signature of Card Holder

Today's Date: _____

Authorization

I hereby authorize Exabar Telecom to charge my credit card for fees associated with services and/or equipment provided, including adjustments for any changes to my account. I agree that the periodic charge will applied to my credit card according to my Exabar Telecom account billing cycle. Invoices are available upon request. In order to change or cancel my service, I am required to contact Exabar Telecom for the appropriate form and procedure. I agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Exabar Telecom. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Exabar Telecom. By signing this document I agree to the terms and conditions of Exabar Telecom's Service of Service. http://www.exabar.com/Portals/228174/docs/exabar-telecom_terms-of-service.pdf

Credit Card Type: Visa MasterCard American Express Discover

Card Holder Name (as shown on credit card): _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card (CVV) Code: _____

Credit Card Billing Street Address: _____

Credit Card City, State, Zip code: _____

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