

Payment Authorization Form

Admin/Technical Contact:

First Name: _____ MI _____ Last Name _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Cell phone/Pager: _____ Email: _____

Billing Contact:

First Name: _____ MI _____ Last Name _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Billing Method: Credit Card Check

Corporate or personal credit card (required for monthly accounts) PLEASE PRINT CLEARLY

Card Type _____ (We accept Visa, MasterCard and American Express)
Card # _____ Expiration date _____
Card Holder Name (as listed on credit card)

Cardholder Credit Card Billing Address _____

Cardholder Credit Card Billing Phone #: _____

I authorize Cassiopeia Internet to charge the Initial Amount stated above to my identified credit card. I authorize Cassiopeia Internet to charge future charges to the credit card, until the end of the term of the Contract, or until I give written notice to Cassiopeia Internet and the credit card company that no further charges are authorized.

Cardholder Signature: _____

Check enclosed with Contract

Check Number: _____ Amount \$ _____
Sent with Contract Via (circle one): U.S. Mail UPS Air Mail FEDEX Airborne Express DHL OTHER _____

If paying by credit card, do you authorize Cassiopeia Internet to auto debit funds from your account at renewal?
 Yes No

Date _____ Customer Initials _____
Account # _____ Sales Rep Initials _____