



Credit Card Authorization Form

PLEASE PRINT, COMPLETE & RETURN FORM VIA FAX OR EMAIL OR
CALL 850-588-1112 TO PROVIDE INFORMATION OVER THE PHONE
All information will remain private and confidential.

Card Holder Name: _____

Billing Address: _____

Property Name: _____ Unit #: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AMEX

Credit Card Number: _____

Expiration Date: _____

I _____ authorize IPacket Networks to charge the monthly and/or quarterly amount of service for my account to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank card holder agreement.

CARD HOLDER – PRINT, DATE AND SIGN BELOW:

Print Name: _____ Date: _____

Signature: _____

PLEASE EMAIL OR FAX FORM TO IPACKET AT THE CONTACT METHODS BELOW, OR CALL TO GIVE INFORMATION OVER THE PHONE:

Address: IPacket Networks LLC
Attn: Billing
1130 E. Arapaho Rd. Suite 565
Richardson, TX 75081

Email: Billing@IPacketNet.com
Fax: 214-666-3931

Phone: 850-588-1112