



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Property Name: _____ Unit #: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

PROVIDE VIA TELEPHONE

I _____ authorize 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 cardholder agreement.

Cardholder – Print Name, Sign and Date below:

Signature: _____

Dated: _____

Print Name: _____

NOTE: FOR SECURITY REASONS DO NOT PROVIDE CREDIT CARD INFORMATION ON THIS FORM. INSTEAD, PLEASE CALL 850-588-1112 WITH THE CREDIT CARD INFORMATION.

PLEASE MAIL/EMAIL OR FAX FORM TO:

Address: IPacket Networks, LLC 3948 Legacy Dr., Suite 106-389 Plano, TX 75023
Email: billing@ipacketnet.com
Fax to: 214-666-3931