

Credit Card Authorization Form (Type online, print, and sign the form)

TECHTRIAD now requires credit card billing for web hosting. Please complete and sign the form. All fields are required. Upon approval, we will automatically bill your credit card for the amount indicated and your charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization with 30-days' notice by contacting us in writing. **TECHTRIAD accepts most Visa and MasterCard. Checks are accepted for annual payments only.**

Customer Information

Customer Name _____

Telephone Number (include area code) _____

Payment Information

I authorize TECHTRIAD, INC. to automatically bill the card listed below as specified:

Amount: _____ Frequency ____ Monthly ____ Quarterly ____ Annually
(Enter your monthly hosting charge; if you don't remember, we'll enter it for you.)

Start billing on: _____ (enter date or check for "immediately")

End billing when: Customer provides written cancellation; 30-days notice required

Credit Card Information (all information below is required)

Credit Card Type ____ Visa ____ MasterCard CVV # _____

Credit Card Number _____ Expires _____

Cardholder's Name (as shown on credit card) _____

Address on Cardholder's Statement _____

Zip Code _____

Cardholder's Signature _____

Date _____

Fax this agreement without a cover sheet to **336-852-3604**

Or mail to: **TECHTRIAD, INC.**

P.O. Box 41163 Greensboro, NC 27404-1163