

Credit Card Authorization Form

(Type online, print, and sign the form)

Checks are accepted for semi-annual or annual Web hosting payments only.

Please complete and sign this authorization form. All fields are required. We will bill your credit card automatically for the amount indicated and charges will state **TECHTRIAD** on your statement. You may cancel this automatic billing authorization with 30-days' notice by contacting us in writing.

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.)

Other instructions _____

Start billing on: _____ or 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.** 3702 Watauga Drive Greensboro NC 27410

