



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: _____

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

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 - Sign, date and print name below:

Signature: _____

Date: _____

Print Name: _____

PLEASE FAX OR EMAIL FORM TO:

Email: billing@ipacketnet.com

Fax: 214-666-3931

Questions? Contact the IPacket Billing department at 850-588-1112