



## AUTHORIZATION TO CHARGE CREDIT CARD

Please CHECK one: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: \_\_\_\_\_ Expiration (mo/yr): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

CVV/CVC Code: \_\_\_\_\_ Visa or MasterCard has 3-digit code on the back of the card  
American Express has 4-digit code on the front of the card

Company Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please CHECK the box below that represents which services you will be using :

☐ I hereby authorize Infinet Systems to charge the credit card above, on a monthly basis, for service rendered.

☐ I hereby authorize Infinet Systems to charge the credit card above, one-time only, for service rendered, in the amount of \$ \_\_\_\_\_ for Invoice/Order# \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Cardholder

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

Please return this **signed and dated form** via email [accounting@infinetsystems.com](mailto:accounting@infinetsystems.com) or fax 510.887.6868

\*\*\* THANK YOU FOR YOUR PAYMENT \*\*\*

