



CUSTOMER CREDIT CARD AUTHORIZATION FORM

This information is confidential. This form will only be kept by CTO Networks Finance Dept.
Please complete and fax to 972-692-6985 or email to danwelty@CTONetworks.com.

CUSTOMER NAME: _____

Phone Number : _____

NAME AS IT APPEARS ON CARD: _____

CARD TYPE: ___ Visa ___ Mastercard ___ Amex ___ Discover

CREDIT CARD NUMBER:

EXPIRATION DATE: _____

FOUR DIGIT CID AMERICAN EXPRESS: _____

THREE DIGIT CV CODE OTHERS: _____

CHECK ONE BELOW:

RECURRING PAYMENT (S) FOR _____ MONTHS

Day of Month: _____ **Amount : \$** _____

Day of Month: _____ **Amount : \$** _____

Day of Month: _____ **Amount : \$** _____

ONE TIME CHARGE AMOUNT: US \$ _____

Invoice Number(s): _____

I wish to authorize the purchase of services/merchandise from CTO Networks, Inc, using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold CTO Networks, Inc. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid for a period of 1 year.

AUTHORIZATION SIGNATURE _____ **DATE** _____

FAX COMPLETED FORM TO 972-692-6985
