



Customer Credit Card Authorization Form

Credit Card Information

Credit Card Type: MasterCard Visa American Express

Cardholder's Name (as it appears on the card):

First _____

Last _____

Card Number: _____

Expiration Date: _____

Credit Card Security Code: _____

Credit Card Billing Address: _____

City: _____

State/Province: _____

Postal/zip code: _____

Country: _____

Account Information

Name, Title:

Company Name:

Billing Address:

Phone Number:

E-Mail Address:

Please check one of the following:

I hereby authorize Invisible Hand Networks, Inc. to charge the above credit card for the following amount: US\$ _____.

I hereby authorize Invisible Hand Networks, Inc. to charge the above credit card on a monthly basis for any charges incurred on the above account.

Please sign and return by fax, INCLUDING a copy of a government issued photo ID (e.g. driver's license or passport)

Cardholder's signature:

Date: