



Credit Card Authorization Agreement

Please complete this form and FAX a copy to *Diversicom* at: (813) 649-8065.

Today's Date: ___ / ___ / ___

I, _____, hereby authorize *Diversicom* to process a charge to my credit card.

Company Name: _____

Invoice Number: _____ Purchase Order Number: _____

Please Check Type of Credit Card:

Discover Master Card Visa

Name as it appears on Credit Card: _____

Billing address for Credit Card: _____

(Must be verified by card issuer to accept charge)

Credit Card Number: _____ Telephone Number: (____) _____ - _____

Card Expiration Date: ___ / ___ CVS Code (on Back of Card): _____

Amount to be charged: \$ _____ PLUS FREIGHT: \$ _____

Email Address where Receipt will be sent: _____

Please Select for Auto-Pay for Monthly Recurring Services on the 10th of each Month

Your credit card will be charged for services and/or equipment and freight separately, if freight charges are applicable. The services/equipment total will be charged at the time the order has been approved by Diversicom Corporation of Riverview for processing and the freight will be charged at the time of shipping. To avoid a separate freight charge, you can supply your sales representative with your own shipping account number. You may also select the option for auto payment for recurring Managed/Internet services each month where your card will be automatically charged on the 10th of each month for your monthly recurring services. Other services will be invoiced as services are rendered.

To complete this transaction, please photocopy the front and back of the cardholder's driver's license and credit card. Fax this form plus the copies of driver's license and credit card to Diversicom Corporation of Riverview at: (813) 649-8065. All transactions are subject to the approval & verification of the credit card Issuer.

CARDHOLDER SIGNATURE: _____

All transactions are subject to the approval of your credit card company.