Credit Card Authorization Form

Instructions:

1. Complete the form below by entering all billing related information in the blanks below.
2. Print the entire form and sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the front and back of the signed credit card.
4. Fax or scan and email the completed form and the photocopies of the credit card to authorize payment.

CloudSpan Credit Card Authorization Form

I, _____, hereby authorize CloudSpan to charge my credit card account for all setup and monthly subscription fees per CloudSpan Service Activation Form(s) and invoice(s), and per the CloudSpan Terms of Service Agreement as displayed on CloudSpan.com.

Company Name: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Name on Card: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip: _____

Phone: _____

Card Holder's Signature: _____

Date: _____