

CREDIT CARD PAYMENT AUTHORIZATION FORM



For your convenience, FiberConX offers an option to pay for your monthly service invoices by Pre-Authorized Credit Card. In order to pay for your services by credit card, we require your permission to charge your credit card. Please complete and agree to the following as it applies to you.

As the authorized cardholder:

- I authorize FiberConX to charge my credit card for the set-up/one-time fees and the first month's service charges.
- I authorize FiberConX to charge my credit card on the first (1st) of each month for my monthly service charges, as well as any non-recurring fees to be billed to the credit card shown below. The invoice(s) will be charged on the due date for the duration of service until FiberConX receives a written request to:
 - 1) Cancel the monthly services, or
 - 2) Cancel the credit card currently on file.
- I authorize FiberConX to debit my credit card for a one-time amount of \$_____

Business Name (as billed by FiberConX) _____

Credit Card Information	Card Type: _____
Credit Card # _____	Expiry Date: _____ CVD: _____
Name as it appears on the credit card _____	
Billing address for the credit card _____	
Phone: _____	Email: _____

I agree to pay all charges requested in this order. I warrant that I am the authorized cardholder for the account above, that the funds are available, and that I will perform the obligations set forth in the cardholders' agreement with the credit card issuer.

I have read the entire form and understand that I will be held fully responsible for the charges and agree not to dispute the charges against FiberConX.

Printed Name: _____ **Signature:** _____

Today's Date: _____

Please return completed form to FiberConX by fax (647) 479-3521.

***** DO NOT EMAIL THIS FORM *****

Thank you.