



CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize BurstNET Technologies, Inc.™ (BurstNET®) to charge the amount of US\$ _____ on credit card # _____ with the expiration date of ____/____/____, issued by _____ (Card Type...ie; Visa, Mastercard...). By signing this form, I agree with all terms and conditions of the sale/order, as specified in the BurstNET™ Service Agreement, which I have made over the phone, by fax, or via the Internet. I also authorize BurstNET™ to charge the recurring service fee of US\$ _____ to this card, as well as any additional usage fees applicable, for the service subscription authorization period of 2 years from this date. BurstNET® is also authorized to charge this card in the future for any additional services, or service upgrades, that I request on my account, during the service subscription authorization period. I understand that if I cancel my account, BurstNET® will cease charging this credit card, and cancel all recurring billing.

The billing information of my credit card is:

Card Holder: _____ Phone # _____
Street Address: _____
City _____ State _____ Zip/Postal Code _____ Country _____
Bank Name: _____ Bank Phone Number: _____

I understand that this information will be used for purposes of verification with the credit card issuer/processors to prevent fraudulent usage. This procedure is executed within strict rules established in United States Code, Title 18, Part I, Chapter 63.

Please note: If your credit card expiration date changes, and/or if you are issued new credit card numbers, and/or if you wish to utilize a different credit card than presented on this form, and/or upon expiration of the service subscription authorization period authorized by this form, you will need to complete and provide to BurstNET® a new/ revised Credit Card Authorization Form.

You must attach a legible copy of both sides of the credit card (front and back) and a legible copy of your Driver's License (or other valid photo ID: Passport, Gov't Identification, etc...).

Printed Name: _____

Signature: _____ Date: ____/____/____

Account Identifier : _____
(ie; Order Tracking # / Invoice # / Account #)

**Please fax back to: 570-343-9533—ATTN: BILLING DEPT
Or
Send via Email w/attachments to auth@burst.net**

PLEASE MAKE SURE TO PROVIDE ALL DOCUMENTATION REQUIRED!