

Credit Card Payment Authorization Form

8010 Woodland Center Blvd Suite 700 Tampa, FL 33614

www.hivelocity.net

Private Label Hosting Solutions

*Please Print Clearly *

Customer Name:				
Credit Card Type (ple	ase circle one):	VISA	MasterCard	American Express
Credit Card Number:				
Expitration Date:		fer.		
Card Holder's Name	(as it appears on card):			
Dec	dicated Server Monthly Service Charge:			
Dec	dicated Server Setup Fee:	<u> </u>		
The total amount I authorize to be charged is:				
		5		.
the credit charges and as a Sign	e(s) according to the card issuer's agreement. I lature-on-File for all authorized charges and outs ms and conditions listed at the following pages o	tanding balances n	ow and in the future.	act will serve as my authorization on
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Please place credit card here

All information but the last 4 digits of the card number can be blacked out

Please place photo identification here

(Driver's License, Passport)

All information but your name and signature can be blacked out.