

## Credit Card Authorization Form

(Type online, print, and sign the form)

Checks are accepted for semi-annual or annual Web hosting payments only.

Please complete and sign this authorization form. All fields are required. We will bill your credit card automatically for the amount indicated and charges will state **TECHTRIAD** on your statement. You may cancel this automatic billing authorization with 30-days' notice by contacting us in writing.

### Customer Information

Customer Name \_\_\_\_\_

Telephone Number (include area code) \_\_\_\_\_

### Payment Information

I authorize TECHTRIAD, INC. to automatically bill the card listed below as specified:

Amount: \_\_\_\_\_ Frequency  Monthly  Quarterly  Annually  
(Enter your monthly hosting charge; if you don't remember, we'll enter it for you.)

Other instructions \_\_\_\_\_

Start billing on: \_\_\_\_\_ or  immediately

End billing when:  Customer provides written cancellation; 30-days notice required

### Credit Card Information (all information below is required)

Credit Card Type  Visa  MasterCard CVV # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Cardholder's Name (as shown on credit card) \_\_\_\_\_

Address on Cardholder's Statement \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax this agreement without a cover sheet to 336-852-3604  
Or mail to: **TECHTRIAD, INC.** 3702 Watauga Drive Greensboro NC 27410

