

CREDIT CARD AUTHORIZATION

Client Information			
Name:	Company:		Date:
Address:	City:	State:	Zip:
Primary Phone:	Secondary Phone:		

Credit Card Information			
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Card Number:	Expiration Date:		CVV Code:
Name of Account Holder:	Name on Credit Card (if different than account holder)		
Address:	City:	State:	Zip:

I understand that by completing this form, I authorize ConnectNC, Inc. to charge my Credit Card for services performed by my request at the time of service or for monthly fees, including IT services, web design, programming, or other services. I also understand that I will be charge a 5% reprocessing fee if my card is declined more than twice for each additional attempt to collect payment.

Client Signature		
Signature:	Name:	Date:

FYI - Please notify us if your credit card is lost, stolen or if you have a new expiration date by calling (910) 695-7068 or emailing billing@connectnc.net. If you have a new credit card number, please call us and do not send your account number via email.

**** NO REFUNDS WILL BE ISSUED for prepaid services****