

Credit Card Payment Authorization Form

| Customer Name: | For Inv#/Ref: |
|---|---|
| For One-Time Payment (Cred | it card will be charged upon receipt of this form): |
| | an authorized signor of the following account, hereby authorize Jomar Hosting, LLC (JOMAR) to charge to the credit card below for |
| To be kept on file for future p | urchases/charges: |
| JOMAR to automatically chasupport agreements as may | an authorized signor of the following account, hereby authorize arge the credit card below for all recurring hosting services or be invoiced from time to time. I understand that I can always erization on-file by providing a written request via email two (2) ate of this cancellation. |
| JOMAR to charge the credit of | an authorized signor of the following account, hereby authorize eard below for future one-time purchases as may be invoiced from at, except as authorized above, no charges will be made without val. |
| Credit Card:Visa | Master CardAmex |
| Last Four Digits of Credit Card | Number:/ Expiration (mm/yy):/_ |
| Name on the credit card: | |
| Billing address of the card: | |
| CVV number: | |
| Authorized Signature: | Date: |
| Print Name: | |
| Contact Person / Telephone / | Email in case of any questions on this authorization: |
| | |

Please fax the completed information to +1 (267) 433-0982 or you can securely submit this as an attachment to a new support request in the Jomar Portal at: https://www.jomarsystems.com/myjomar