



Credit Card Authorization Form

Business Name: _____

Name / Contact: _____

Address: _____

Phone & Fax: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

Card Type: _____

CC Number: _____

CC Exp: _____

CC Name on Card: _____

CC CVV2: _____ (3 or 4-digit code on back of card or 4-digit code on front of AmEx)

CC Billing Address: _____

(If different from above) _____



10TYPES
Thinking that **powers** business

| Design | Development | Hosting |

Hosting services provided by 10Types are provisioned on a monthly cycle. Completing, signing, and returning this form (fax or US Mail) constitutes the cardholder's approval for 10Types to charge monthly hosting related fees to this card. The customer may also authorize this card's use to satisfy other 10Types fees.

Reoccurring charges to this card can be cancelled at anytime with a written notice to 10Types (fax or email to accounting@10types.com).

Authorized Signature: _____