



## CREDIT CARD CHARGE AUTHORIZATION AGREEMENT

I, \_\_\_\_\_, the holder of (check one, please):

VISA \_\_\_ MasterCard \_\_\_ American Express \_\_\_

Card Number: \_\_\_\_\_ and expiration date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ hereby authorize SolidSpace to charge the fee of \$\_\_\_\_\_

for the selected billing cycle. (Please select only one):

Monthly     Semi-Annually     One-Time Only

Quarterly     Annually

I also authorize SolidSpace to charge the above card in the occurrence of monthly overages.

Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax this completed form to the SolidSpace Accounting Dept.

Fax: **(336) 217-8683**