

Virtual Hosting Company Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other ☐ _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order Number _____

Service(s) Purchased _____

Amount to be Charged _____ (initial)

Amount to be Charged _____ (recurring)

**By signing this form, you authorize Virtual Hosting Company
to charge your card for the amount listed above.**

This form must be signed and returned to Virtual Hosting Company before we will proceed with any orders or payments. Please fax this form to (678) 712-8654 or e-mail it to Billing@Virt-Host.Com

Signed: _____ Date: _____