

NOCservices

The Network Operations Center for Small Business

18 Morris Avenue, Suite 3A, Springfield, NJ 07081-1405 • <http://www.nocservices.com/>

Voice: 973-379-9773 • Fax: 973-467-4707 • E-mail: accounting@nocservices.com

Authorization to Charge

Required for transactions over \$100 and recurring billing to a credit card

I, _____, hereby authorize NOC Services Corp. to charge the credit card listed below for products I/we purchase and/or services rendered to me/us. I understand that any amounts due NOC Services Corp. will become immediately payable if at anytime my credit card is declined and that service may be discontinued, and my account turned over for collection, if payment is not received in a timely manner.

This authorization will extend until (a) I/we send written notice to NOC Services Corp. amending or rescinding this authorization, (b) the credit card provided below expires or (c) we cease our relationship with NOC Services Corp.

This authorization is for a single transaction only. (Description: _____)

I agree to repay the credit card issuer as per the terms of my agreement with them.

ACCOUNT INFORMATION

Account Number / Domain Name (if known)

Contact Person

Organization ("self" if an individual)

Address

Address (continued)

City State ZIP/Postal Code

Country

Telephone

Fax

E-mail Address

BILLING INFORMATION

Name on Card

Billing Address

City State ZIP/Postal Code

Country

Telephone

Fax

E-mail Address

American Express Discover/Novus MasterCard VISA

Type of Card

Card Number Exp. Date

Cardholder's Signature Date

Please fax or mail completed form to the number or address listed above.