

**FAX TO: 619- 342 - 7482**

**BasicLink, Inc.**

**Automatic Credit Card Billing Authorization Form**

Simply complete the Information below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

**Customer Information**

Company name: \_\_\_\_\_ Billing Email Address (for receipts): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Payment Information**

I authorize BasicLink, Inc. to automatically bill the card listed below for monthly services as agreed upon.

I understand billing will end when I cancel the account through written notice to Basiclink, Inc.

**Credit Card Information**

BasicLink, Inc. accepts the following credit cards: **Visa, MasterCard & American Express**

Card type: \_\_\_\_\_ Card number: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
(as shown on credit card) (from credit card billing address)

Customer's signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_