

Credit Card Payment Authorization Form

Customer Name: _____

For Inv#/Ref: _____

For One Time Payment (Credit card will be charged upon receipt of this form):

[] I, the undersigned being an authorized signor of the following account, hereby authorize Jomar Technologies, Inc. or Jomar Hosting, LLC to charge to the credit card below for US\$ _____ .

To be kept on file for future purchases/charges:

[] I, the undersigned being an authorized signor of the following account, hereby authorize Jomar Technologies, Inc. and/or Jomar Hosting, LLC to automatically charge the credit card below for all recurring hosting services or support agreements as may be invoiced from time to time. I understand that I can always request to cancel this authorization on-file by providing a written request via email two (2) weeks prior to the effective date of this cancellation.

Credit Card: ___ Visa ___ Master Card ___ Amex

Credit Card Number: _____ Expiration (mm/yy): _____

Name on the credit card: _____

Billing address of the card: _____

CVV number: _____

Authorized Signature: _____ Date: _____

Print Name: _____

Contact Person / Telephone / Email in case of any questions on this authorization:

Please fax the completed information to (801) 740-0800 or you can securely submit this as an attachment to a new support request in the Jomar Portal, <http://www.MyJomar.com>.