



Credit Card Authorization Form

Customer _____

Order Number _____

Service(s) Ordered _____

Type of Card: Visa ☐ MC ☐ AmEx ☐

Name on Card _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Amount to be Charged : \$ _____ per month plus over usage (if and when incurred)

**By signing this form, you authorize ULTRANET USA TELECOM CORP.
to charge your card MONTHLY for the amount listed above.**

Signed: _____

Date: _____