

# CREDIT CARD PROCESSING FORM

Complete the entire form and fax it to us at 610.280.3504.

Date: \_\_\_\_\_

Invoice / Estimate #: \_\_\_\_\_ (leave blank for recurring payment)

Payment Type: (Please check one)

One Time Payment

Monthly Recurring Payment

Amount to be paid: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Credit Card Type: Visa  MasterCard  American Express  (Please check one)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name (as it appears on the Credit Card): \_\_\_\_\_

Billing Address of the Credit Card:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

*I authorize Intermedia Group Inc. to use the above information to charge my credit card for the amount listed above and agree to pay that amount according to the card issuer agreement.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

