WANetics, LLC

Credit Card Billing Authorization Form

Please email pdf to billing@wanetics.com or fax to (312) 546-6001

Customer Information (To be completed by merchant)

Customer name: _____

Customer account number: _____

Phone: ____ - ____ - _____

Payment Information (To be completed by merchant)

I authorize WANetics, LLC to bill the card listed below as specified:

Amount (up to): $_____

Frequency: ☐ Once ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually (Check only one)

Start billing on: ____/____/____

End billing when: ☐ Contract expires: ____/____/____ ☐ Customer provides written cancellation ☐ 1 Time only

Credit Card Information (To be completed by customer)

WANetics accepts the following credit cards: **Visa, MasterCard**

Credit card type: _____

Credit card number: _____

3 or 4 digit code

Expires: ____/____

Cardholder's name: _____
(as shown on credit card)

Cardholder's Zip code (required): _____
(from credit card billing address)

Customer's signature: _____

Date: _____