



**WANetics, LLC**

**Credit Card Billing Authorization Form**

*Please email pdf to [billing@wanetics.com](mailto: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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Customer provides written cancellation  
 1 Time only

**Credit Card Information (To be completed by customer)**

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

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ 3 or 4 digit code \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_

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

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