

AATC Corp. / ACEPACKET Inc.

Confidential

The authorization form for charging Credit Card

Please complete the form and fax it to: (416)840-7786

Credit Card Information

Card Type:

Card No:

Card Expiry:

Card 3-Digit Security Code:

Name of Card:

Cardholder Address:

Payment Options

- **Monthly Payment:** Please charge the above credit card every month for the amount of \$
- **Occasionally Payment:** Please charge the above credit card when my balance goes below of \$

Signature/Date

Name (Print):

Signature:

Date: