



8529 North Dixie Drive
 Suite 100
 Dayton, OH 45414
 937-454-1984
 937-454-1353 fax



Credit Card Authorization

VISA • MasterCard • Discover • American Express

CUSTOMER INFORMATION:

Company Name: _____
 Contact Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone (ext): _____
 Fax: _____
 E-mail Address: _____

DESCRIPTION OF SERVICES:

Website Hosting + One Time Setup Fee \$ _____ per month/quarter/year + \$ _____ Setup Fee
 Domain Name Registration \$ _____ per _____ year(s)

BILLING FREQUENCY:

DIVERSIFIED will process your credit card as specified above -- a one time charge or a recurring monthly, quarterly, or annual charge.

CANCELLATION OF SERVICE:

To cancel your service and end recurring charges to your credit card, *DIVERSIFIED* requires written notice signed by a representative authorized to cancel the service. *DIVERSIFIED* reserves the right to charge for unpaid services rendered up to the date of cancellation.

CREDIT CARD INFORMATION:

Visa Credit Card No: _____
 MasterCard Expiration Date: _____
 Discover CVV Number: _____
 American Express Name on Card: _____

As an added level of security, our credit card processor requires that we provide the billing address of the credit card at the time the charge is processed. Please provide the billing address of the credit card you will be using.

Contact Name: _____
 Street Address: _____
 City, State, Zip: _____

By signing, you hereby authorize ***DIVERSIFIED Computer Solutions, Inc.*** to charge your credit card in the amount specified for services and products rendered. In your individual capacity and on behalf of the entity you represent, if any, you certify that the information you provide is correct and that you are authorized to approve use of the credit card specified above. Charges will appear on your credit card statement as "Diversified Computer Solutions."

Authorized Signature: _____ Date: _____

**PLEASE COMPLETE AND FAX BACK TO 937-454-1353
 ATTN: BILLING DEPARTMENT**