



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**