



**CREDIT CARD AUTHORIZATION FORM**

(PLEASE PRINT CLEARLY)

**CUSTOMER INFORMATION**

**Company Name:** \_\_\_\_\_

**Customer Account No:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**CREDIT CARD INFORMATION**

I hereby authorize **New Technologies Group N.V. / CaribServe.NET** to charge my Credit Card as follows (PLEASE PRINT CLEARLY):

**Credit Card Type\***       VISA       MasterCard       AMEX       Discover

**Credit Card No** \_\_\_\_\_

**Expiration Date (mm/yy):** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Amount to be charged:**       Monthly       Quarterly       Annual       One-time  
**Please check one**

**PLEASE NOTE: YOU ARE RESPONSIBLE TO INFORM OUR OFFICE IN WRITING OF ANY CHANGES TO THE INFORMATION PROVIDED ABOVE; ALL ORDERS WILL REMAIN IN EFFECT UNLESS NOTIFIED IN WRITING 30 DAYS IN ADVANCE.**



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