CREDIT CARD AUTHORIZATION FORM

AIDAN.NET USER NAME: _____

CARD TYPE (circle one): MCRD | VISA | DISC | AMEX

CARD NUMBER: _____

* CARD ID #: _____

EXPIRATION DATE: _____

CARDHOLDER'S NAME: _____
(exactly as it appears on card)

DOMAIN / COMPANY NAME: _____

PHONE NUMBER: _____
(as listed with credit card provider)

BILLING ADDRESS LINE 1: _____
(as it appears on your statement)

LINE 2: _____

CITY, STATE, ZIP: _____

I authorize Aidan Internet Solutions to bill the credit card account listed above for all current & future charges for my account. Unless directed by me, I understand that this authorization is valid until the termination of my service agreement with Aidan Internet Solutions as outlined in their Service Agreement or until the above credit card expires. I understand that it is my responsibility to inform Aidan Internet Solutions of any changes in the information given above.

NAME (please print): _____

SIGNATURE: _____

DATE: _____

* The Card ID is an added security feature to help protect you against fraud.

American Express: 4 digits on front of card
Discover, Visa, & Mastercard: last 3 digits on signature panel on the back of the card

PLEASE FAX TO (512) 263-0269