

## **Credit/Debit Card Acceptance Form**

Vault Networks' Client Account In the Name of:		
I, hereby authorize <b>Vault Ne</b> services rendered and/or purchase of equipment. I agree not to cor I will be responsible for all expenses and costs incurred in the defer debit/credit card charges are done in advance. There are <b>NO</b> refun	ntest any Vault Networks' charges and understand nse and collection of the said amounts. All billing	that and
stated.		
Cardholder Name:	Credit Card #:	
Full Name as shown on Cr/Dr Card		
Address:	Expiration Date:	
Credit card statement Bill To address		
City/State/Zip:	Security Code:	
Phone Number:	Credit Card Submission Instructions:	
Email Address:	A legible copy of both the front and back of the credit or debit card must	be
Cardholder Signature:  Please print this completed Document and have cardholder sign.	provided when returning this complet authorization form.	ea
Please print this completed Document and have cardholder sign.  Date:	Thank you!	
Month / Day / Year	Visa, MasterCard American Express & Discover CVV2 CVV2	3
	American Express  American Express	1

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