



MOHAWK NETWORK SOLUTIONS

®

CREDIT CARD AUTHORIZATION FORM

I, _____ of _____ (COMPANY NAME),

hereby authorize Mohawk Network Solutions, Inc. to charge my credit card account in the amount of:

\$ _____, applied towards invoice/purchase order number(s): _____.

Visa

Mastercard

American Express

Discover

Credit Card Number: _____

Expiration Date: _____ VID Code: _____

Email CC receipt to: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

Order Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

Telephone: _____

By your signature below, you agree:

- That you are duly authorized to act on behalf of the company.
- That the company authorizes receipt of the goods at the shipping address identified above.
- Not to initiate any credit card chargeback without first contacting Mohawk Network Solutions and working to resolve any claim or issue Company may have.
- To be bound, for this and future transactions, by Mohawk Network Solutions Terms and Conditions of sale. (Which Company acknowledges is available for review on Mohawk Network Solutions' web site.)

Cardholder's Signature

Print Name

Date

This agreement / statement is Mohawk Network Solutions' intellectual property, and any dissemination, distribution or duplication is strictly prohibited.