



CREDIT CARD AUTHORIZATION

Date: ____ / ____ / 20 ____

Company Name: _____

d/b/a: _____

BILLING ADDRESS

SHIPPING ADDRESS (if different from billing)

Address 1: _____

Address 1: _____

Address 2: _____

Address 2: _____

Address 3: _____

Address 3: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Type of Card:



Account Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ CCV Code: ____ - ____ - ____ (3 or 4 digit code)

Name On Card: _____

A copy of the front and back of the credit card and a valid photo I.D. of the credit card holder must be provided.

AUTHORIZED USERS OF CARD:

Name (First, Last): _____ Name (First, Last): _____

Name (First, Last): _____ Name (First, Last): _____

Select all that apply:

One-time charge amount: \$ _____ Billing Agreement (must sign below)

BILLING AGREEMENT:

I authorize the purchases of products and services from Baltic Networks on a continuing basis using the credit card described above, unless otherwise instructed in writing.

Signature: _____ Title: _____

Print Name: _____ Date: _____

TERMS & CONDITIONS:

In signing this form, I _____, the undersigned hereby states that the above described credit card is in my name and that I authorize its use to purchase products and services from Baltic Networks USA. Further, I authorize:

- (i) the total purchase cost to be priced in United States currency, and*
- (ii) the purchased products to be shipped to the billing address unless an alternate shipping address is provided during order placement, and*
- (iii) the purchases of products and services are to be placed by me or by the Authorized User(s) of Card, as listed above, and*
- (iv) orders for products and services to be placed by the Authorized User(s) of Card and via telephone, fax, computer transmission, in writing or verbally to Baltic Networks USA.*

Signature: _____ Title: _____

Print Name: _____ Date: _____