

AUTHORIZATION TO DO AUTOMATIC CREDIT CARD PAYMENTS

Sliplink Network will accept Checks, Money Orders, Electronic Checks and American Express Discover, Visa MasterCard (Maestro) credit card payments and will accept PayPal.

NOTE! all bills are due on the 1st day of the month late after 5th and deleted after the 10th.

Please print and completely fill out the following form to ensure timely processing. Check, Credit card and address information is confidential; the completed form should be faxed or mailed to Sliplink Network at: **FAX TO: 1-916-488-3311 or 1-877-445-4219 or**

Or Mail To (Allow 5 working days for mail)

Sliplink Network USA

A BERBER CORP / ULTRA TECHNOLOGY LIMITED. INC. COMPANY

P.O. Box 351

Sacramento, CA 95812-0351 USA

Your Name: _____

Company (if any) _____

Your Phone Number _____

Name On Credit Card: _____

Credit Card Billing Address _____

Credit Card Billing City _____

State / Providence _____ Zip Code _____ Country _____

Bank Name: _____

Credit Card Type (Circle One) **AMEX** Discover Visa MasterCard

Check Card / Debit Visa Check Card, MasterCard Check Card

Credit Card Number _____

Expiration Date _____ CCV2 Number on back of card _____

ON FRONT AMEX



I authorize Sliplink Network, USA, to use automatic credit card billing as the method of payment for my services through their company. I realize that no signature is needed on these transactions and that if I dispute a charge through my bank that this will constitute a breach of contract and result in immediate deactivation of my account. I understand cancellation of this authorization should be done via certified mail for my protection and verification of cancellation. **I understand that cancellation must be received by Sliplink before the 1st of the month I wish to cancel, and there is NO partial month billing any part of the month is billed in full** Sliplink Network USA Customer. **(initial one)**

_____ - please use Automatic Credit Card payment for my monthly invoice.

_____ - please use Automatic Credit Card payment on a one-time basis: Amount = \$ _____

I have read and agree to the terms of this automatic credit card payment authorization form
Please Note: charge backs and declined transactions may be subject to an additional handling fee.

Signature _____ Date _____

Card member agrees to pay total in accordance with agreement governing use of such card.

PRINT NAME HERE _____

Questions regarding check payments can be sent to billing@sliplink.net or call 916-488-3300