

Authorization to Charge Credit Card



www.c2inc.net

Date: _____

I hereby agree to give Cybercom Consulting, Inc the authority to automatically charge my credit card for all accrued invoices unless prior arrangements are made.

Name on Card: _____

Credit Card Type: _____

Card Number: _____

Expiration Date: _____

CVV2 (Security Code): _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Signature

Date

Cybercom Consulting, Inc.

1630 30th St #276

Boulder, CO 80301

303-510-4930 Fax: 303-642-9224

Please Fax this form, DO NOT send this form or your credit card number via email.