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## CREDIT CARD PAYMENT AUTHORIZATION

Please print or type this information clearly and mail this completed form to the address shown above. If you prefer, you may fax it to 636-444-1897. Thank you!

Payment Amount: \$ \_\_\_\_\_

Frequency:  One-time payment     Monthly     Quarterly

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & ZIP Code: \_\_\_\_\_

Type of Card:  VISA     MasterCard     American Express

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_