



**Return this form to Vastnet...**

Via Fax: (631) 824-9010

Via Mail: Vastnet Billing Dept.  
P.O. Box 1525  
Melville, NY 11747

**BACKUP FUNDING CC AUTH FORM**

In the event my account is not paid in full by the 24<sup>th</sup> of each month I authorize Vastnet to charge the balance to my credit card listed below. I understand that once a charge is made it will not be reversed. Should Vastnet receive any other form of payment (such as a check) after they have charged my credit card, the payment will be applied to future activity on my account (i.e. next months bill).

<b>Customer Name:</b>	
<b>Name on Credit Card:</b>	
<b>Address Credit Card Statement is sent to:</b>	
<b>Credit Card Type:</b>	
<b>Credit Card Number:</b>	
<b>Credit Card Exp Date:</b>	

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_