



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

Via Fax: (631) 824-9010

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

**AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS**

|  |  |
|--|--|
| <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>                     |  |

I hereby authorize and request that Vastnet Corp. hereinafter called COMPANY to effect payment for any amounts to be paid by me, as indicated above, to COMPANY as such amounts become due by initiating debit entries to my credit card and I authorize and request Bank/Credit Card Company to accept any debit entries by COMPANY to such account and to debit the same to such account without responsibility for the correctness thereof.

Type: (check one)    Recurring Charge:\_\_\_\_\_    One-Time Charge:\_\_\_\_\_

If One-Time charge please state amount:\_\_\_\_\_

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

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