DataFax
175 South Sandusky Street #370
Delaware, OH 43015
Phone 888-631-9169
Fax 866-488-9241

Credit Card Authorization Form

In order for us to accept and bill your credit card, please complete all fields, SIGN and date this form, and fax it to the number above or return it via mail to address above. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. All information kept on file is strictly confidential.

Contact / Billing Information:

Full Name: _____ Company: _____

Address Line 1: _____

Address Line 2: _____

City / Town: _____ State: _____ Zip / Postal: _____

Phone: _____ Email: _____

Credit Card Type: (check one) ☐ AmEx ☐ MasterCard ☐ Visa

Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐ ☐☐☐☐ CCV: ☐☐☐☐ (3 dig MC/VS, 4 dig AmEX)

Amount: $ ☐☐☐☐.☐☐ (if One Time Use selected below, indicate actual amount, otherwise indicate maximum monthly amount allowable for recurring billing).

☐ **One Time Use**: I hereby authorize Tupelo Enterprises, Inc. dba DataFax to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am NOT authorizing DataFax to setup my account within a recurring billing system – rather, I prefer to pay by check or money order on all future invoices. I understand that if I wish DataFax to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

☐ **Recurring Billing**: I hereby authorize Tupelo Enterprises, Inc. dba DataFax to charge the indicated credit card for my monthly MVR services, as currently apply for the account plan I requested at the time of account signup. I agree that this is a periodic charge that will be made on or after the fifth business day after each month's invoice has been generated for the previous month's charges, and that to terminate the recurring billing process I must cancel in writing via mail or fax.

Authorization: I hereby authorize Tupelo Enterprises, Inc. dba DataFax to charge the indicated credit card. I agree that this is either a one time or recurring charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must cancel in writing via mail or fax, otherwise the account will be manually invoiced and payment made via check or money order. I will not dispute DataFax's recurring billing with my credit card issuer so long as the amount in question was for service rendered prior to my canceling my account. I agree that if I have any problems or questions regarding my DataFax service, I will contact DataFax for assistance, using the contact information located on their web site at www.datafaxohio.com. I agree that I will not dispute any charges from DataFax unless I have already attempted to rectify the situation directly with DataFax and those attempts have failed.

Signature of Card Holder: _____ Date: _____