

deCarta Credit Card Authorization Form

CREDIT CARD INFORMATION

Name on credit card _____

Credit Card Type: VISA ___ | MASTERCARD ___ | AMEX ___ | DISCOVER ___

Company Name (if applicable) _____

Credit Card Number _____ Expiry Date _____

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

I authorize the above credit card to be charged in advance as needed for the purchase of 2 million page views for \$7500.

AUTHORIZATION OF CARD USE

Cardholder Signature _____

Printed Name _____

Date _____

TECHNICAL INFORMATION

Developer Zone account ID _____

Countries or Regions where application will be used _____

Potential number of users (Used for capacity planning) _____

TECHNICAL CONTACTS

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please fax to the attention of deCarta AR Department at 408-294-8464