

# Credit Card Approval, Page 1

Return by fax or Mail to:



P.O. Box 1183  
Round Rock TX 78680-1183  
Phone: 512-551-8235  
Fax: 866-660-5431

Your Printed Name:		Phone #:	
Company Name:		Credit Card Type:	<input type="checkbox"/> Visa ✓ <input type="checkbox"/> Discover ✓ <input type="checkbox"/> AMEX ✓ <input type="checkbox"/> MasterCard ✓
Card #:		Card Expiration Date:	

**Credit Card approval for the following services:**

Amount: \$ _____	List of Service(s):
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I agree to follow the Terms and Conditions for all ComCity Products and services located via the web at <http://www.comcity.com/policy.htm> and acknowledge the other agreements referenced on this web page including the ComCity privacy policy, designed for protection of my privacy as well as the Acceptable Use policy designed for the protection of my web site.

I hereby give approval for my credit card to be charged pursuant to these agreements for the aforementioned services as an agent of my company and as a personal guarantor:

Signature		Date:	
Printed Name:			

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***For Internal Purposes only:***

Date Filed: \_\_\_\_\_ by: \_\_\_\_\_