



Exabytes Network Pte. Ltd.
40 Paya Lebar Road,
409015, Singapore
Email: billing@exabytes.com
Website: www.exabytes.com

Credit Card Authorization Form

Please fax this document together with both sides of your credit card and driving license to billing@exabytes.com. For enquiries, please email sales@exabytes.com.

Contact Information

Company: _____
Primary Contact: _____
Address: _____
Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Payment Information

Company: _____
Name on Credit Card: _____
Billing Address: _____
Billing Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____

Credit Card Number: _____

Credit Card Type: Master Card/ VISA/ Discover/ AMEX Expiration Date: ____ / ____

Invoice No: _____ Amount: _____

() I agree to the terms of services and hereby authorize Exabytes Network Pte. Ltd. or her Credit Card Processor Agent, (NBePay/ iPay88) to charge to my credit card for my invoices.

Signature: _____
Printed Name: _____
Title: _____