



Exabytes Network (Singapore) Pte. Ltd.  
140 Paya Lebar Road,  
#08-02 AZ @ Paya Lebar,  
409015, Singapore.  
Email: [billing@exabytes.com](mailto:billing@exabytes.com)  
Website: [www.exabytes.com](http://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](mailto:billing@exabytes.com). For enquiries, please email [sales@exabytes.com](mailto: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 (Singapore) Pte. Ltd. or her Credit Card Processor Agent, (NBePay/ iPay88) to charge to my credit card for my invoices.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_