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**PayPal Charge Authorization Form**

Please scan and email this document together with both sides of your driving license to [billing@exabytes.com](mailto:billing@exabytes.com). For further enquiries, please email to [billing@exabytes.com](mailto:billing@exabytes.com).

**Contact Information**

Company: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PayPal Account Information**

PayPal Account ID (The Registered Email Address): \_\_\_\_\_  
PayPal Transaction ID: \_\_\_\_\_  
PayPal Transaction Date (DD/MM/YYYY): \_\_\_\_\_  
PayPal Transaction Amount (e.g USD 88.80): \_\_\_\_\_  
Invoice Number: \_\_\_\_\_

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Signature: \_\_\_\_\_  
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Title: \_\_\_\_\_