

# CREDIT CARD AUTHORIZATION FORM

Please note that this form must be fully completed in order to proceed with your order and/or subscription payment. Please check boxes and fill out accordingly.

Customer Number : DFH - \_\_\_\_\_ Customer Name : \_\_\_\_\_

DFH Network has my permission to charge my credit card for the following amount ;

Please check boxes

- |                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | \$39.95 Monthly Subscription Fee       | <input type="checkbox"/> | \$29.95 Activation Fee                                  |
| <input type="checkbox"/> | \$109.85 Three Months Subscription Fee | <input type="checkbox"/> | \$10.00 Late Fee  |
| <input type="checkbox"/> | \$227.70 Six Months Subscription Fee   | <input type="checkbox"/> | _____ Others Payments<br>(Equipment, Subscription etc.) |
| <input type="checkbox"/> | \$429.40 One Year Subscription Fee     |                          | (This amount will be filled by DFH)                     |
- Pls charge one time only
- Pls keep charging for ongoing subscriptions

## CREDIT CARD TYPE

Please fill out

- VISA       MASTERCARD       AMERICAN EXPRESS
- Credit Card Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Expiration Date : \_\_\_\_ / \_\_\_\_
- Credit Card Billing Address : \_\_\_\_\_
- City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_
- Card Holder's Phone ( must be provided ) : Day Time ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Night Time ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Please fill out & sign

I hereby declare that the above information is correct and I authorize DFH Network, Inc. to charge my credit card for the amount specified above.

Card Holder's Name : \_\_\_\_\_

Card Holder's Signature : \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

AFTER COMPLETING THE FORM PLEASE FAX IT TO

**(949) 707 1826**