



# CREDIT CARD AUTHORIZATION FORM

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

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

Please check boxes

DFH Network Inc. has my permission to charge my credit card for the following amount(s) ;

Basic Subs.  \$44.95 Monthly  \$123.30 for 3 Months  \$244.80 for 6 Months  \$482.40 for 12 Months

Premium Subs.  \$54.90 Monthly  \$153.15 for 3 Months  \$304.50 for 6 Months  \$601.80 for 12 Months

Other  \_\_\_\_\_ For equipment,subscription etc. (This amount will be filled by DFH)

Please charge one time only

Please keep charging for ongoing payments

Please fill out

## CREDIT CARD TYPE

VISA

MASTERCARD

AMERICAN EXPRESS

Credit Card Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Credit Card Billing Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Card Holder's Phone : Day Time ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
( must be provided )

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(s) specified above.

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

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

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

AFTER COMPLETING THE FORM PLEASE FAX IT TO

**(949) 707 1826**