Credit Card Authorization Form

I hereby give consent to Uptime Systems, LLC to charge the credit card below for any outstanding invoices, in accordance with Uptime Systems' Terms of Service and my Cardholder Agreement.

CREDIT CARD INFORMATION

Card Type (Check one)

☐ Visa   ☐ MasterCard   ☐ American Express

Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Card Number: __ __ __ __ - __ __ __ __ __ __ - __ __ __ __ __

Expiration Date: ____ / ____ / ____

Security Code _____   (The last three digits on the back of the card (front 4 for AMEX))

Card Holders Name: _____
(Exactly as it appears on the credit card)

Credit Card/Billing Address: _____

Credit Card/Billing City: _____ State: _____ ZIP Code _____

AUTHORIZATION

Company Name: _____

Authorized Signature: _____

Today's Date: ____ / ____ / ____

AUTOMATIC BILLING

☐ *Automatic Billing*: Please put my account on Automatic Billing, and charge each month's invoice on the 20th of every month (the invoice's due date). (Check box to authorize Automatic Billing.)

CONTACT INFORMATION

- Please fill out this form in its entirety and fax to: **612-605-4307**
- Please contact our Billing department with any questions at 888-UPTIME-2.