



Credit Card Authorization Form

RETURN THE COMPLETED AND SIGNED FORM TO: Fax number 1.913.871.0453

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Billing Contact Information

Company Name

Contact First Name _____ Contact Last Name _____

Contact Email _____

Phone _____ Fax _____

.....

Billing Address

Address (Line 1)

Address (Line 2)

City _____ State/Prov _____ Zip/Postal Code _____ Country _____

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Credit Card Information

Credit Card			

Name on Card			
_____		_____	
Credit Card Number			Security Code
_____	_____	_____	3-digit code printed on the back signature panel. It is the final group of numbers.
Expiry Date (MM/YY)	Cardholder's Email Address		_____
_____ / _____	_____		Country
I have read and understood the end user license agreement, located at http://converg.com/converg.EULA.pdf			
I hereby consent to this credit card for payment of all invoices.			
X		/ /	
_____ Signature of Authorized Person/Officer		_____ Date (MM/DD/YY)	