



CREDIT CARD AUTHORIZATION

Use this form to update your credit card information. Return your completed and signed Credit Card Authorization by fax to (888) 814-9800.

PAYMENT INFORMATION

Change Effective as of: _____

Name on Card _____

Billing Address _____

Suite / Apt. _____

City / State / Zip _____

Card No. _____

Expiration Date _____ (Circle card type.)

Security Code _____ Visa MC AMEX

I hereby authorize Simply Virtual to charge my credit/debit card for invoices billed under the terms of our service agreement. I agree to pay the full amount of such invoices according to my card issuer agreement.

This authorization is to remain in full force and effect until Simply Virtual has received written notification from me of termination of our service agreement and had sufficient opportunity to invoice and charge my final payment.

Signature _____

Date _____