



80 W. Drullard Avenue
Suite 100
Lancaster, NY 14086
P: 716.505.7300
W: chakracentral.com

Credit Card Authorization Form Please complete and fax this form to the accounting department: 716-505-7301

I authorize CHAKRA Communications to use this card for payment of:

- Outstanding balance on my account: \$ _____
- Invoices listed below:
 - Invoice #: _____
 - Invoice #: _____
 - Invoice #: _____
 - Invoice #: _____
- Recurring Services []

Authorized Signature: _____

Company Name: _____

Payment Method: Visa [] MasterCard []

Credit Card #: _____

Expiration Date: _____ / _____ CVV2 3 Digit Security Code on back of card: _____
Month / Year

Name on Credit Card: _____

Billing Address

Contact/Name on Card: _____

Address _____

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

Phone: _____ Is this a residential address? Yes [] No []