



CREDIT CARD AUTHORIZATION FORM

Name On Credit Card

Company Name If Applicable

Credit Card Billing Address

City / State / Zip Code / Country

Telephone

Email Address (Receipts will be emailed to this address unless specified otherwise)

Credit Card (Check One):

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Credit Card #

Exp. Date (MM/YYYY)

Security Code

Authorization (Check One):

☐ I authorize a one-time charge on the above credit card in the amount of \$_____.

☐ I authorize the above credit card to be used for all charges to my account with HDOnTap.

Signature Authorizing Use of the Above Credit Card

Date

Notes / Comments:

Please email or fax the completed credit card authorization form to accounting@ipvsinc.com or F: 858.461.1072. Thank you!