

Credit Card Authorization Form
TELEPHONE SUPPORT

I, _____, hereby authorize POSITIVE FEEDBACK SOFTWARE LLC, to charge my credit card account in the amount of: \$1.00 PER MINUTE DURING NORMAL BUSINESS HOURS and \$1.50 PER MINUTE ON WEEKENDS OR AFTER 5:00P EST. I further agree to pay fees associated with charge backs or failed attempts to process this payment.

PLEASE CHARGE THIS CARD: _____ \$ _____

() VISA () MasterCard () Discover

NAME OF CARD HOLDER: _____

Credit Card Number: _____

Expiration Date: ____ / ____ CVV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: _____

Telephone: () _____ - _____

AUTHORIZED BY:

Cardholder's Signature Date ____/____/____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. POSITIVE FEEDBACK SOFTWARE LLC will keep all information entered on this form strictly confidential.

PLEASE FAX THIS FORM BACK TO US AT: (540) 334-5557