MONTHLY 7 x 12 TELEPHONE SUPPORT CONTRACT
Credit Card Authorization Form

I, _____ , hereby authorize POSITIVE FEEDBACK SOFTWARE LLC, to charge my credit card account in the amount of **$379.95 for the first month** of telephone support plus **$169.95 for each additional consecutive month**. These fees include unlimited phone and remote access support seven days per week from 9:00a – 9:00p EST except on the major holidays posted at www.MyFreePOS.net I further agree to pay fees associated with charge backs or failed attempts to process payments.

THE PRIMARY CARD: $379.95 + $169.95/month

( ) 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.

Fax Completed Form To: 540 334-5557