



Exabytes Network (Singapore) Pte. Ltd.
140 Paya Lebar Road,
#08-02 AZ @ Paya Lebar,
409015, Singapore.
Email: billing@exabytes.com
Website: www.exabytes.com

Credit Card Authorization Form

Please email this document together with both sides of your credit card and driving license to billing@exabytes.com.

Contact Information

Company: _____
Primary Contact: _____
Address: _____
Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Payment Information

Company: _____
Name on Credit Card: _____
Billing Address: _____
Billing Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____

Credit Card Number: _____

Credit Card Type: Master Card/ VISA/ Discover/ AMEX Expiration Date: _____/ _____

Invoice No: _____ Amount: _____

() I agree to the terms of services and hereby authorize Exabytes Network (Singapore) Pte. Ltd. or her Credit Card Processor Agent, (Stripe, Inc) to charge to my credit card for my invoices.

Signature: _____
Printed Name: _____
Title: _____