

## Hostin Services Private Limited

Sneh Centre, 3rd Floor, 1182/2 F.C. Road  
Opp. Hotel Lalit Mahal, Shivaji Nagar  
Pune, Maharashtra, India - 411 005

Phone: +91-20-2552 0101 / 3022 0101

Fax: +91-20-2552 0101

# HOSTINDIA.NET™

Email: [billing@hostindia.net](mailto:billing@hostindia.net)

Web: <http://www.hostindia.net>

## Credit Card Authorization Form

*Instructions: Please complete and sign form. Enclose copy of front and back of your Credit Card. Email scanned image to [billing@hostindia.net](mailto:billing@hostindia.net) or fax to +91-20-2552 0101*

Credit Card Type (Tick One):     Visa                       MasterCard

Credit Card Number: \_\_\_\_\_

Expiry Date (mm/yyyy):        \_\_\_\_ / 20 \_\_\_\_

Name as appears of card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

This authorization is for a one time charge according to information provided below.

Client ID: \_\_\_\_\_

Order ID: \_\_\_\_\_

Total Payment Amount: \_\_\_\_\_

I authorize, Hostin Services Private Limited ([www.hostindia.net](http://www.hostindia.net)) to charge my credit card for payment of above mentioned amount for their product and/or services. If, Hostin Services Private Limited, is unable to process my payment I will be responsible for an alternative payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Credit Card Holder: \_\_\_\_\_

Print Name of Credit Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_