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Credit Card Authorization Form

MAY WE USE THIS AUTHORIZATION FOR ALL FUTURE ORDERS? YES NO If you answer "yes" to this question please leave the dollar amount blank. The payment authorization shall remain in force until cancelled in writing by the cardholder or the Company. Such cancellation shall be addressed to ServerMonkey at the address above, Attn: Credit Manager, and will be effective within 10 days of receipt of such cancellation notice. This is authorization for ServerMonkey.com LLC to charge the Amount of \$ Description of charges: Quote or Order Number: () MASTERCARD () AMERICAN EXPRESS () DISCOVER () VISA Company Name: Contact Name: Email Address: Phone Number: _____ Cardholder Name (as shown on credit card): CVV / CID Indicator: Expiration Date:____/___ Credit Card No. City: _____ State: ____ Zip:____ ***Billing address must match the billing address on the credit card statement (including exact abbreviations and punctuation). ServerMonkey.com reserves the right to reject credit cards with any discrepancies. *** Shipping Address: City:___ State: _____ Zip:_____ By signing below, the undersigned agrees and warrants that: He/she is a duly authorized signatory on this credit card account; \boxtimes He/she is a duly authorized representative of the Company; He/she authorizes the receipt of the goods at the shipping address identified above; Servermonkey.com may charge the indicated credit card for the full amount of the order(s); He/she will not initiate any credit card chargeback without first notifying ServerMonkey.com; If the credit card company refuses to pay ServerMonkey.com for charges incurred for goods or services for any reason, he or she will pay the full cost of the order(s) without deduction; and All sales shall be governed by ServerMonkey.com's Terms and Conditions of Sale. Cardholder Signature ______Date:_____ Printed Name Title:

Please complete, sign and scan to ar@servermonkey.com or fax back to 713-583-9744. Thank your for your cooperation.