

**Kingham Software Inc: Credit Card Charge Authorization Form**  
**196 Ave B NW, Winter Haven, FL 33881**  
**Fax: (863) 582-9259**

Please print, complete and sign the form below. Mail it or fax it to the number above.

Cardholder's Name \_\_\_\_\_ (please print)

Cardholder's Billing Address

\_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (landline only - **no** cellular)

Type of card: \_\_\_\_\_ (Visa-Mastercard-Discover-American Express)

Card number used to place this order: \_\_\_\_\_

CCV # (on back of card) \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Bank Phone Number on the back of the card: \_\_\_\_\_

I, the undersigned agree, understand and authorize Kingham Software, Inc to charge my credit card for recurring fees associated with hosting my email and website. These recurring charges will be billed each month until service is canceled by the customer.

I understand these charges will appear on my credit card statement under the name of Kingham Software, Inc. and I accept full financial responsibility for payment for these services. I agree payments are non-refundable.

Signature of Cardholder: \_\_\_\_\_

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