



Metronet Telecom, Inc.
Your Total Telecommunications Provider

CREDIT CARD AUTHORIZATION FORM

Metronet Account Number: _____

Customer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Contact Person: _____

Type of Credit Card (please check one of the cards below):

MasterCard VISA Discover American Express

Name on Credit Card: _____

Credit Card Number: _____

CID Number: _____

Expiration Date: _____

Bank Card Is Drawn On: _____

I authorize Metronet Telecom, Inc. to charge my credit card account as denoted above for services rendered by Metronet Telecom, Inc. on a monthly basis until otherwise specified with written notification.

Customer Signature: _____

Customer Name (please print): _____