



I hereby authorize OSM Networks Inc. To process automatic charges to my credit card for payments of hosting and domain services.

I may revoke this authorization at any time by notifying OSM Networks Inc. in writing

Customer Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Card Type:                      Visa                       MasterCard

Card Holder Name: \_\_\_\_\_

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

CVV/CVC2 Number: \_\_\_\_\_ *(3 digit card verification number on the back of the card)*

Card Expiry Date (MM/YY): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

**Please fax to: 1-866-586-3867**

**Or Return to:**

OSM Networks Inc.  
33 Pinnacle St. S.  
Belleville, ON  
K8N 3A1  
Canada