

ONE TIME ONLY _____

CREDIT CARD AUTHORIZATION LETTER

RE-OCURRING _____

I, _____ hereby authorize eFax Corporate to use my credit card to process charges specified below.

PLEASE INCLUDE THE FOLLOWING INFORMATION:

First Name _____ Last Name _____

eFax Corporate ID (5 digits) _____

Customer Number (from Invoice) _____

Credit Card Number _____

Expiration Date _____

Security Code (CVV) (front on AMEX, back on Visa and MC) _____

Name (as it appears on the card) _____

Address _____

City/State _____

Zip Code _____

Work Phone No. _____

Signature _____ Date _____

PLEASE RETURN FAX TO: 1-877-895-7698

Consensus Cloud Solutions, Inc.