



CONNECTICA
SOLUTIONS

Credit Card Authorization

I authorize Connectica Solutions, LLC to charge my credit card:

- A specific amount of: \$ _____
 Variable amounts based on our invoices to Company name shown below.

Company Name: _____

Billing Phone Number: _____

Credit Card Type (Circle One): VISA MasterCard AMEX Discover

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Billing Street Address: _____

Authorized Signature: _____

Please complete all fields, scan and e-mail back to payments@connecticasolutions.com or fax it to +1 (281) 617-4258.

Note: All personal and credit information is kept secure and confidential.