

Payment Authorization Form



Attention: Doteasy Billing Department
Fax: +1 604-608-6832
Email: billing@doteasy.com

Please complete this payment authorization form and return it to us along with **a copy of the FRONT and BACK of your credit card.**

Note: This application will be declined if we do not receive the completed form within 48 hours.

By completing and returning this form, I authorize Doteasy Technology Inc. to process the payments that are required for this domain registration/web hosting service on my credit card as provided below:

Date: _____

Domain Name: _____

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Amex*

*Amex cards will be charged in CAD using a 1.45 exchange rate

Credit Card Number: _____

Expiry Date: _____ **CVV:** _____

Card Holder's Name: _____

Billing Address: _____

**Card Holder's
Phone Number:** _____

Card Holder's Signature: _____