

CREDIT CARD AUTHORIZATION LETTER

I, _____ hereby authorize Consensus Cloud Solutions, Inc. to use my credit card to process charges specified below.

PLEASE INCLUDE THE FOLLOWING INFORMATION:

First Name _____ Last Name _____

eFax Developer Company Name _____

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