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## Credit Card Payment Authorization

Please fill out and return via email or regular mail. Thank you!

Name:
Please charge my credit card \$ _____ for payment of invoice(s) due on my account. <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Network
<input type="checkbox"/> I authorize PaulNet Group, LLC to use this credit card for recurring charges.
Card Number:        _____        _____        _____        _____ Expiration Date:    _____ / _____
By signing below, customer agrees to pay the above total amount according to card issuer agreement.
Cardholder Signature:
Date:

\*Please note that should any of this information change it is the cardholder's responsibility to contact our office to update the records.