



CREDIT CARD AUTHORIZATION FOR SUPPORT WITHOUT SUBSCRIPTION

Internal Use Only
Invoice #
Auth #

Today's Date:

Company:

Address:

Contact:

Phone: Fax:

Email:

Fee: \$75 per support incident up to 15 minutes or portion thereof. (For example: a 20 minute call costs \$150.00 plus sales tax where applicable)

I do not authorize charges in excess of \$ to be charged to my credit card for this support incident.

By signing below I understand and acknowledge payment in full to be made when billed. I understand that the cost of support is a non-refundable service regardless of whether or not the service results in the resolution of the problem and therefore waive my right to dispute these charges.

Signature: Date:

Options for returning this form: (1) Fill in ALL information requested and fax to 703-255-9172 or (2) Fill in ALL info above and add ONLY (to protect your identity) the last four digits of the credit card to be charged below and email to support@promas.com.

Credit Card and Billing Information
Card Number:
Verification: Expiration Date:
Cardholder NAME as it appears on the card:
Billing Street Address:
City: State: Zip Code: