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11950 Bayan Lepas,  
Penang, Malaysia.  
Tel 604-609 7888  
Fax: 604-630 8288  
Email: [billing@exabytes.my](mailto:billing@exabytes.my)  
Website: [www.exabytes.my](http://www.exabytes.my)

### Credit Card Authorization Form

Please email this document together with both sides of your credit card and driving license to [billing@exabytes.my](mailto:billing@exabytes.my).

#### Contact Information

Company: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

#### Payment Information

Company: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Type: Master Card/ VISA/ Discover/ AMEX Expiration Date: \_\_\_\_/ \_\_\_\_

Invoice No: \_\_\_\_\_ Amount: \_\_\_\_\_

( ) I agree to the terms of services and hereby authorize Exabytes Network Sdn Bhd or her Credit Card Processor Agent, (Stripe, Inc) to charge to my credit card for my invoices.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_