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PayPal Charge Authorization Form

Please fax this document together with both sides of your driving license to +6046308288 or you may scan and email to billing@exabytes.my. For further enquiries, please email to billing@exabytes.my.

Contact Information

Company: _____
Primary Contact: _____
Address: _____
Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____
Email Address: _____

PayPal Account Information

PayPal Account ID (The Registered Email Address): _____
PayPal Transaction ID: _____
PayPal Transaction Date (DD/MM/YYYY): _____
PayPal Transaction Amount (e.g USD 88.80): _____
Invoice Number: _____

() I agree to the terms of services and hereby authorize Exabytes Network Sdn Bhd to charge to my PayPal account for my invoices. I understand that should I dispute a charge through my PayPal account before giving reasonable notice to Exabytes Network Sdn Bhd, it will constitute a breach of contract and will result immediate deactivation of all service(s) rendered by Exabytes Network Sdn Bhd or any of its subsidiaries.

Signature: _____
Printed Name: _____
Title: _____