

CREDIT CARD PAYMENT AUTHORIZATION FORM

* Applicant Name
(as appears on credit card)

Company Name (if applicable)

* Billing Address

Billing Address 2

* City * State

* Postal (ZIP) Code * Country

Phone # Email

* Credit Card #

* Exp. Date /
M M / Y Y Y Y VISA MasterCard

* Total Amount Billed on Credit Card

I acknowledge that I shall inform Mr. Laszlo Kis exclusively regarding any further detail about my card (e.g.: CCV code) via a text message (SMS) to +36 20 458 9737 or by calling that number.
I also acknowledge that the SMS will be used exclusively for the present transaction and immediately deleted after the transaction is completed.

* Card Holder Signature

* Place * Date
D D M M Y Y

* Denotes Required Fields



ARH ComboSmart