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 / 2 0 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