

Castles Information Network, Inc.

124 Donner Drive
Vacaville, CA 95687

CREDIT CARD AUTHORIZATION FORM

Credit Card Billing Information

Name on Credit Card: _____

Type of Card: ___ VISA ___ MasterCard ___ Discover/Novus

Credit Card Number: Provide only the last 6 numbers ___ ___ ___ ___ ___ ___

Expiration Date: _____ *

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Please select one of the following payment options:

___ Subscription Billing - Bill my credit card for the amount of monthly payment due for products and/or services.

___ Once - Bill my credit card once for the following amount: \$ _____

___ Phone Authorization - Bill my credit card when I notify you by phone to charge the credit card. The amount charged will be communicated by me via phone, or you may charge the outstanding balance on my account.

* _____ (Initials) I agree that this authorization will be transferred to the same numbered card when new cards are issued.

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated with Castles Information Network, Inc. discretion if any charges are declined or charge backs are claimed against any services. Disputes to amounts charged should be immediately reported to billing@castles.com.

Changes in the status of this card may also be reported to billing@castles.com

DO NOT under any circumstances transmit a credit card number via email or leave the number in a voice message.

Accounts that fail to notify Castles of updated credit card information that results in declined charges are subject to a service charge as shown in the current Castles Billing Policy. Declined charges are the responsibility of the cardholder and may result in service charges as shown in the current Castles Billing Policy.

The undersigned is the duly authorized cardholder of the above credit card.

You may cancel this authorization at anytime by contacting Castles in writing.

Authorized Signature: _____ Date: _____