

Instructions: Credit Card Processing Information

1. The form is on page 2. Areas with an underline (_____) can be filled in before printing. Simply click on an underline and type.
2. You must sign at “Cardholder's Signature” manually, after you print the form.
3. Once the fields are complete, choose FILE / PRINT. To print only the form: Under “Print Range”, enter "From 2 to 2". Then choose OK.
The form page prints with the fields filled in.
4. Sign the form and mail or fax it to Kinnections.
5. You can save a copy of the document, or simply close it.



Kinnections SM

4 Elton Street Rochester, NY 14607 USA (585) 473-5050
www.kinnections.com

Credit Card Processing Information

I, _____, hereby authorize Kinnections to charge the following credit card account in the amount shown below for merchant services.

This payment agreement will be in effect until services have been completed or are ended by request either verbally or in writing.

Credit Card Information:

Card Type: _____ Visa _____ MasterCard _____ Amex _____ Discover

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____
Street or P.O. Box

City State/Province Country ZIP or Postal Code

E-mail Address: _____

Amount: _____

Billing Cycle: _____

Cardholder's Signature: _____