Client Credit Card Authorization Form

Client's Business Name _____

Visa_____   MasterCard_____

Credit Card Number   _____

Expiry Date   _____   Security Code _____**

Name on Card   _____

Billing Street Address:_____

Billing City:_____   Billing Postal Code_____

Signature: _____

Date: _____

 Cardholder will pay card issuer amounts owing to XInfosystems Inc. for the Business named above as per the Hosting Agreement or Data Backup Terms of Use Agreement entered into charged to this card. The monthly fees (as per Hosting Agreement or Data Backup Agreement) will be automatically charged to the card above

        **Visa and MasterCard

Please complete and Fax back to 416-840-8486. Thank You.