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Credit Card Authorization Form

Please fax this document together with both sides of your credit card and driving license to +604-630 8288 or scan and email to billing@domainplus.com.my. For enquiries, please email billing@domainplus.com.my.

Contact Information

Company: _____
Primary Contact: _____
Address: _____
Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Payment Information

Company: _____
Name on Credit Card: _____
Billing Address: _____
Billing Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____

Credit Card Number: _____

Credit Card Type: Master Card/ VISA/ Discover/ AMEX Expiration Date: _____ / _____

Invoice No: _____ Amount: _____

() I agree to the terms of services and hereby authorize HT Internet Sdn Bhd or her Credit Card Processor Agent, (NBePay) to charge to my credit card for my invoices.

Signature: _____
Printed Name: _____
Title: _____