



**Recurring Billing Authorization Form**

Please replace my credit card on file with the following new credit card details.

Business Name:	
Contact Name:	
Address:	
City:	
Province/State:	
Country:	
Postal/ZIP Code:	
E-mail Address:	
Telephone:	
Fax:	
<b>Card Type</b>	MasterCard _____ Visa _____ AMEX _____
<b>Name on Card:</b>	
<b>Card Number:</b>	
<b>Card Expiry (MM/YYYY)</b>	
<b>Card Security Code</b>	(3 digits on the back of Credit Card)
Signature:	
Date:	

**PLEASE COMPLETE, SIGN, DATE, AND EMAIL BACK TO US AT [support@commbits.com](mailto:support@commbits.com).**

To make additional payments, not covered by these recurring billing authorization instructions, you may use our on-line payment system at [www.commbits.com/payments](http://www.commbits.com/payments).



For maximum security this page is protected using an industry-standard SSL certificate. Your credit card information will be encrypted and submitted for processing automatically. You will then receive a receipt on the next page and in your mailbox shown above.

You may cancel or update your recurring billing authorization instructions any time. Please contact us accordingly.