

# XRoads Networks

## CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY EMAIL  
([accounting@xroadsnetworks.com](mailto:accounting@xroadsnetworks.com)) OR FAX (949-477-0506).

ORDER NUMBER (Reference Form Response: \_\_\_\_\_)

COMPANY NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Security Number: \_\_\_\_\_



NOTE: See your card type to find the appropriate security number.

### Send the authorization to:

XRoads Networks Inc  
17165 Von Karman, Suite 112  
Irvine, CA U.S.A.  
Phone: 949-477-6100  
**Fax: 949-477-0506**  
Email: [accounting@xroadsnetworks.com](mailto:accounting@xroadsnetworks.com)