

**AUTOMATIC BILL PAY AUTHORIZATION**

**CUSTOMER INFORMATION**

Company Name:

Billing Address:

City:

State:

Zip:

Phone: (     )     -

Ext:

**PAYMENT INFORMATION**

Type of Credit Card:     Amex     Visa     MC     Other

Credit Card Number:

Exp. Date:

Name on Credit Card:

**CUSTOMER AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize Skyriver Communication, Inc. to charge the above listed credit card for broadband Internet monthly service charge and any other justifiable charges associated with the service. I have signed a contract for these services and am aware of the pricing for the product I receive. I am aware that these prices may or may not include taxes and or shipping and handling fees. I have given Skyriver Communications, Inc. permission to use the credit card.

Please email completed form with signature to [billing@skyriver.net](mailto:billing@skyriver.net) or fax to (858) 812-9337.

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| Name | Title | Authorized Signature | Date |
|------|-------|----------------------|------|
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