



CREDIT/DEBIT CARD AUTHORIZATION FORM

I hereby authorize Barter Network to charge all cash transaction fees, monthly administrative fees and any other fees due and payable by me as a member of Barter Network to the credit card I have indicated below.

Barter Network Account Name: _____

American Express Master Card Visa Discover

Credit Card Account Number: _____ Expiration Date: _____ CVV Code: _____

Card Member Name: _____
(Please Print exactly as it appears on your credit card)

Billing address as it appears on your credit card statement

Address: _____

City: _____ State: _____ Zip Code: _____

Card Member Signature: _____ Date: _____

*Authorization will remain in effect, unless cancelled in writing via certified mail 15 days prior to the next statement date.
If a current credit card cannot be provided for payment, all trading will be put on hold until Barter Network receives a valid credit card. Barter Network Terms and Conditions apply to all cardholders.

Upon completion please fax back to 203 878-8408. Thank you.

For Inner Office Use Only

Received on _____ Processed By _____

New Account New Card for an Existing Account

Corporate Office:	57 Plains Road, Milford, CT 06461	203.647.0251
Stamford Office:	45 Church Street, Stamford, CT 06906	203.276.0673
New York Office:	1600 Calebs Path Extension, Hauppauge, NY 11788	631.780.7062

www.barternetworkinc.com