

CREDIT CARD AUTHORIZATION

Account name to which this authorization applies: _____

Today's Date: _____

I authorize Negia, Inc. d.b.a. Northeast Georgia Internet Access ("Negia") to keep my card account information and signature on file and to charge my card account on an ongoing basis for all amounts I owe for services provided by Negia. This authorization is valid for at least one year, and I agree to contact Negia in writing if there are any changes to my account information. I understand and agree that the use of a debit card is at my own risk: Negia will not be responsible for and will not reimburse bank fees incurred if a debit card account is overdrawn due to Negia's charges, whether or not such charges are in error.

I authorize Negia, Inc. d.b.a. Northeast Georgia Internet Access ("Negia") to charge my card account the following amount _____. I understand and agree that the use of a debit card is at my own risk: Negia will not be responsible for and will not reimburse bank fees incurred if a debit card account is overdrawn due to Negia's charges, whether or not such charges are in error.

Card Type: VISA MASTERCARD AMEX DISCOVER

Credit Card #: _____

Expiration date: _____ CVV: _____

Billing Address (street) _____
for this card: (city, state, zip) _____

Name as shown on the card: _____

Signature of the cardholder: _____

Phone # _____ When is the best time to reach you at this number? _____

Fax# _____ Email _____

return this completed form by U.S.Postal Mail, by fax or by email to:
Negia, Inc. • 330 Research Drive # 150 • Athens, GA 30605
ph 706.546.5787 • fax 706.546.5672
billing@negia.net