



Website Design & Development
www.KoaConsulting.com

Koa Consulting LLC

Credit Card Charge Authorization Form

P.O. Box 11102, Hilo, HI 96721

Phone: (800) 936-0767

Fax: (866) 935-8587

Print, complete and sign the form below. Mail it with the following required documents.

1. A copy of the cardholder's credit card (front only)
2. A copy of the cardholder's drivers license or other type of photo ID

Cardholder's Name: _____ Company: _____

Cardholder's Credit Card Billing Address: _____

City: _____ State/Prov.: _____ Zip: _____

Telephone: _____

Email: _____

Type of card: _____ (Visa-MasterCard-Discover-American Express)

Card number used to place this order: _____ - _____ - _____ - _____ Expiration: ___/___

Bank Phone Number on the back of the card: _____

Amount to Bill and Description of Services Authorized: _____

I, the undersigned agree, and authorize **Koa Consulting LLC** to charge all outstanding invoices for goods and services rendered to the above listed account on a continuing basis until I inform **Koa Consulting LLC** otherwise.

I understand these charges will appear on my credit card statement under the name of “**Koa Consulting LLC**” and I accept full financial responsibility for all payments due including any applicable taxes. Further I am also enclosing a copy of the front of my credit card as well as a copy of my legal driver’s license or other photo ID for identity verification purposes.

Signature of Cardholder:

Date Signed: _____

Please Mail or Fax *ALL* required documents to:

Koa Consulting LLC P.O. Box 11102, Hilo, HI 96721

Phone: (800) 936-0767 Fax: (866) 935-8587