



Intercom Online Electronic Payment Form

Please fax this page back to us at 212-378 2205 or 917- 595 5382 along with a copy of the front and back of your credit card. You may contact our billing department with any questions at 212.480.4076 or billing@intercom.com. Thank you.

Customer Billing Location:

Company / Name: _____

Attention: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

SS# (Individual) / Tax ID# (Business): _____

If your company requires a purchase order number, please include a copy with this form: _____

Payment Type: MC VISA AMEX DISC

Card Type: CREDIT DEBIT

Card Number: _____ Expiration Date: ____/____ (MM/YYYY)

CVV Number: _____ (from the back of the card)

Name on Card:

If personal card, name of individual: _____

If corporate card, name of company: _____

name of the authorized user: _____

Issuing Bank: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

One Time Charge only

I hereby authorize and direct Intercom Online to process variable charges or debits as invoiced against the above account for the purposes of making payments due to Intercom Online. I also authorize Intercom Online to charge the service fees and all related recurring and non-recurring fees in U.S. Dollars as invoiced each month, to my credit card provided above, unless this is indicated as a One Time Charge only, however, any payments which are overdue may be charged to the above account even if One Time Charge is indicated. I also authorize, if applicable, the immediate charge of the full amount indicated on the accompanying Service Order if this is for the setup of a new account. Intercom Online shall have the right to charge any credit card on file when invoices are due.

Authorized Signature on Credit Card Account

_____ Date

For office use only. Do not write below this line

Date Received: _____ User ID: _____