

Credit Card Authorization Form

I authorize General Computer Technologies to charge my credit card below to pay for AVG CloudCare services on a monthly basis or anytime new AVG CloudCare related services are ordered with the following Credit Card information. These services are provided on a month-to-month basis therefore I can cancel at any time upon written request.

Name on Card: _____

Credit Card Type:

Visa _____ *Master Card* _____ *American Express* _____ *Discover* _____

Credit Card # _____

Expiration Date (2 Digit Month, 4 Digit Year) _____

Billing Address: _____

(where credit card statement is mailed to).

Billing City: _____

Billing State: _____

Billing Zip Code: _____

Billing Country: _____

Today's Date: _____

Card Holder Signature: _____

Please send either via email to cs@gctech.com or via fax to 305-559-2868