



# AT Conference

Conference Call Services | Web Conferencing

## Credit Card Authorization Form

### Customer Contact

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Billing

Bill my credit card (circle) – MC Visa Amex

Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Security Code #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Terms and Conditions

- AT Conference will charge the customer's credit card monthly for any and all usage charges and the customer is responsible for keeping a valid, un-expired credit card on file with AT Conference.
- AT Conference is not liable to the customer for any loss that may occur due to causes beyond reasonable control of AT Conference. The sole liability of AT Conference for any defect in service is limited to the amount of any charges for the defective service. Under no circumstance will AT Conference be liable for direct, indirect, special, consequential or punitive damages arising in connection with the phone and/or web conferencing services.
- AT Conference agrees to keep all customer information strictly confidential. The customer agrees to keep all aspects of this service agreement confidential.

### By signing below, I agree to the Terms and Conditions:

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Name (please print)

\_\_\_\_\_  
Account I.D. #

\_\_\_\_\_  
Date

**Please complete and return by Fax: (631) 702-9440**

**Or by mail:**

**AT Conference  
PO Box 2939  
Southampton, NY 11969**