



## Purchase Authorization Form

I, \_\_\_\_\_, am aware of my credit card activity. I recognize and authorize charges from DigiBanx, TTsupport, OLC-CS, MBS-CS, BELICIA 1-866-733-5489, as per our service agreement and by providing my signature below I agree to and confirm online transactions to be debited from my credit card(s):

card # <\_\_\_\_\_> expiration date <\_\_\_\_ / \_\_\_\_>

card # <\_\_\_\_\_> expiration date <\_\_\_\_ / \_\_\_\_>

card # <\_\_\_\_\_> expiration date <\_\_\_\_ / \_\_\_\_>

card # <\_\_\_\_\_> expiration date <\_\_\_\_ / \_\_\_\_>

card # <\_\_\_\_\_> expiration date <\_\_\_\_ / \_\_\_\_>

I agree to sign and send this document to +1(514) 337-4084

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

