



12 South Sixth St.
Suite M110
Minneapolis, MN 55402

Phone: 612-333-1505
Fax: 612-333-1507
E-mail: info@winternet.com

Credit Card Authorization Form

I hereby authorize StarNetCommunications, Inc. (Winternet™) to bill my credit card, using the information listed below, on a monthly recurring basis for Internet services provided.

Name (as it appears on credit card): _____

Address (as it appears on credit card statement): _____

City: _____ State: _____ Zip: _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Credit Card Expiration Date ____ / ____

Daytime Phone # for Verification: (_____) _____ - _____

Signature _____ Date _____

Please send this form to:

StarNet Communications, Inc.
12 South Sixth Street
Suite M110
Minneapolis, MN 55402

For office use only

CVVS #: _____ Customer #: _____ Contacted By: _____ Date: _____