

Third Party Authorized Use



1) GoSolo Third Party Authorization

I, _____, hereby authorize _____, to use the following
(your full name) (account holders name)
credit/debit card as payment for all service charges in association with the GoSolo service.

Effective Date: Month: Day: Year:

2) GoSolo Account Information

First Name: Middle Initial:

Last Name:

GoSolo Number: - -

3) Third Party Billing Information

First Name: Middle Initial:

Last Name:

Address:

City:

State: Zip Code:

Email:

4) Third Party Payment Information (Be sure your card expiration date is at least 45 days out. For payment by check call 1-866-246-7656)

Cardholder Name (as it appears on credit card)

Card Type (check one): Visa MasterCard Discover American Express

Expiration Date: Month: Year:

Card Number:

Card Security Code*:

*3 Digit Number located on the back of your credit card - Amex has 4 digits on front of card

Third Party Signature: _____ Date: _____

This authorization shall remain in full force and effect unless rescinded by me in writing. Mail or fax this completed form to the following address and/or GoSolo number:

GoSolutions, Inc.
10701 Danka Way North, Suite 100
St. Petersburg, Florida 33716
Attn: Credit Department

GoSolo Number (phone/fax): 1-866-246-7656