PO Box 12275 | St. Petersburg, FL 33733

gozonewifi.com | 727-314-6910 | info@gozonewifi.com

Credit Card Payment Authorization Form

Please complete the information on this form and return to your business consultant or e-mail directly to billing@gozonewifi.com. Alternatively, you can securely update this information in your Billing Portal at https://client.gozonewifi.com.

Company Information:

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Payment Information:

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ Security Code/CVV: _____

Cardholder Address (If not the same as contact):

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

I authorize GoZone WiFi, LLC to initiate Credit Card Payment(s) and ACH Debits and Credits to the credit card vendor or bank indicated above in accordance with our terms and conditions located at https://www.gozonewifi.com/terms.

Signature: _____ Date: _____

Name: _____

Title: _____