



## Credit Card Authorization

Please complete this form *by hand* and fax it to 714-671-9098.

### STEP 1 (Required)

I, \_\_\_\_\_ authorize **New Dream Network** dba **DreamHost** to charge my credit card with the amount of \_\_\_\_\_. I understand this charge is for \_\_\_\_\_ months of service.

### STEP 2 (Required)

I authorize automatic rebilling of my credit card.

I understand that I can disallow automatic rebilling any time at

<https://panel.dreamhost.com/?tree=billing.payment>

\_\_\_\_\_ Email Address

\_\_\_\_\_ Domain

\_\_\_\_\_ Signature Required

\_\_\_\_\_ Today's Date

### STEP 3 (Required)

Please place your credit card under this paper and make an imprint of the card below by rubbing a pencil or crayon along the surface of the paper. A photocopy is not acceptable. Please ensure that the card number and cardholder name are legible - multiple rubbings are OK!