Third Party Authorized Use

GoSolo®

1) GoSolo Third Party Authorization

I, ______________________ (your full name), hereby authorize ______________________ (account holders name), to use the following 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 1-888-551-7656)

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This authorization shall remain in full force and effect unless rescinded by me in writing.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): 1-888-551-7656