

Print the below letter on your LETTERHEAD.

Fax this ALONGWITH a photocopy of the Front and Back of your Credit Card to either:

Head office Fax: +972.97425083

The authorization will be processed within 2 Business days.

I, hereby, authorize k-systems payment gateway and billing to process a charge on my Credit Card, whenever I request for funds to be added to my Account.

I certify that I will use a genuine Credit Card, which I am authorized to charge.

I enclose with this letter a copy of my Credit Card that I hold as a measure to certify my authenticity.

Credit Card Details:

Credit Card Type	visa/mastercard_____
Name on Card	_____
Card Number	_____
Expire Date	_____
3 numbers on the back of the card	_____
Signed by (Signature on card)	_____
Signed on date of:	_____
Customer / Reseller Name	_____
Customer / Reseller Address	_____
Customer / Reseller Company Name	_____
Customer / Reseller Username [E-Mail Address]	_____

Description of your order/services	_____
Amount to Charge \$ (USD)	_____

Copy of your Credit Card:

1. Front:

2. Back: