



## PAYMENT AUTHORIZATION

Please complete the below information for payment of Motova8 Inc. and/or installation services.

### Credit Card Information

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

Security Code: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_  
(4 digits front of AMEX, 3 digits back right of Visa/MC)

**Statement:** Motova8 Inc. is authorized to initiate charges in the amount shown above to the credit card listed herein. This amount charged is for product/services provided by Motova8 Inc.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This form may be scanned/mailed to **Sales@Motova8.com** or faxed directly to **951-926-0795**.

We sincerely **thank you** for your business!

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**Motova8 Inc.**  
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