



Authorization for ESET Credit Card Payments

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN WITHIN 5 BUSINESS DAYS

All information will remain confidential

Company/ Customer Name: _____

Credit Card Type: Visa Mastercard Amex Discover

Account Type: Personal Business

ESET Endpoint Antivirus Quantity ____ @ 4.99 each

ESET Endpoint Antivirus Server Quantity ____ @ 19.99 each

Total amount \$ _____

Credit Card Information

Name on Card: _____

Card Number: _____

Expiration: _____ Card Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

I _____ hereby authorize Terref.com Computer Consulting, Inc. to charge my credit card account listed above for my monthly ESET subscription.

Cardholder/ Authorized user

Print Name: _____

Sign: _____

Date: _____

It is the responsibility of the cardholder and/ or company to submit a new form and notify Terref.com Computer Consulting, Inc. when 1. Authorized users change 2. A credit card has been renewed resulting in a new expiration date 3. A card has been revoked, cancelled, or stolen. If this form isn't submitted within 5 business after receiving it, your ESET will be suspended, and a reactivation fee may apply. To cancel your subscription, please send over written consent 30 days in advance.

Please submit the completed form to

P.O BOX 2763 N. Babylon, NY 11703, Fax to 631-667-1640, OR Email to angelina@terref.com



Authorized Partner