



## Instructions for completing Credit Card Chargeback Reinstatement Authorization Form

(A separate and completed form is required for each credit card to be used.)

1. Circle your credit card type: American Express, Visa, Mastercard, Discover or JCB. List card expiration date and issuing bank, if any.
2. List the cardholder(s) name(s) exactly as they appear on the credit card along with the billing address exactly as it is shown on the card, including any abbreviations. If this is a corporate or business account, please provide business name and address, if different from billing address.
3. **Photocopy the front and back of the credit card. (NOTE: COPY MUST BE LEGIBLE)**
4. Be sure to have all authorized signatories complete the authorized signature lines below the **Statement of Authorization** on this form.
5. Be sure to read the **Statement of Authorization**. All authorized cardholder(s) for this credit card must acknowledge the authorization of charges by signing this form.
6. Please fax each form along with the photocopies of each credit card to dotFM® / BRS Media Inc. We will verify with you once your information has been processed.
7. Fax Number is: **+1-415-495-7866**



## Credit Card Reinstatement Authorization Form

**CREDIT CARD:** (No Spaces between Numbers)

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MasterCard    Visa    Amex

 **Exp Date:** \_\_\_\_ / \_\_\_\_

Discover    JCB   **CVV** \_\_\_\_\_



**Issuing Bank:** \_\_\_\_\_

### Cardholder(s) Name(s) & Billing Address:

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Providence: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Statement of Authorization

The purpose of this statement is to authorize BRS Media Inc. (herein “merchant”) to process credit card transactions from the above stated applicant(s). These transactions will be processed via TO \ MO \ Internet Orders.

I/we will have enclosed photocopies (front and back) of the credit card whose account number is shown above for proper verification of transactions conducted in connection with this order.

I/we have read and agree to be bound by the dotFM Domain Registration Terms and Conditions. I/we will not request a charge back through my/our credit card without first obtaining authorization from BRS Media Inc. In addition, by signing this document I/we am/are accepting all responsibility for these transactions to ensure full and proper payment to the merchant.

Amount Originally Charged: \$ \_\_\_\_\_

+ Reinstatement Fee: \$ + **95.00**

**Total Amount Due:** \$ \_\_\_\_\_

Domain Name: \_\_\_\_\_

**Cardholder(s) acknowledges the amount shown above and agrees to perform the obligation set forth in the Cardholder’s Agreement with the issuer.**

\_\_\_\_\_  
Name (type or print clearly)

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

\_\_\_\_\_  
Date