

~~~~~ **TAPA Communications** ~~~~~  
www.tapa.com

Hello Friends and Clients,

If you would like to pay this and future invoices with your credit card automatically, complete this form, sign and send it back to us. It will be kept on file. We will continue to send invoices and statements to you.

Mail to:  
TAPA Communications  
2860 Waialae Ave PH 1  
Honolulu HI 96826-1800

Fax to:  
735-3750

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If you have any questions about this or any other billing matter you may contact Eugene at 808-265-8875. You can also send e-mail to [ev@tapa.com](mailto:ev@tapa.com).

**Payment Card Authorization Form**

This form will be kept on file for this and future payment card transactions.

|                                                                                                             |                 |
|-------------------------------------------------------------------------------------------------------------|-----------------|
| Name on Card                                                                                                |                 |
| Mailing Address and Zip Code                                                                                |                 |
| Card Number                                                                                                 | Security Number |
| Expiration Date                                                                                             |                 |
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express |                 |

By signing below I am knowingly allowing TAPA Communications to charge my payment card for transactions in the correct amount.

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PURCHASER / ACCEPTOR

DATE

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.