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 Phone: 1-866-222-1818  
 Fax: 1-800-760-4583

## CREDIT LIMIT INCREASE

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

OR

Toll Free Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Customer Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Credit Card Information:** Amex: \_\_\_\_ Visa: \_\_\_\_ Mastercard: \_\_\_\_ Diners Club: \_\_\_\_ Discover : \_\_\_\_  
 Card No. \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Issuing Bank: \_\_\_\_\_ Name (as it appears on the **credit card**) : \_\_\_\_\_

Authorization: I authorize Kall8 to charge the amount of Kall8 billings to this credit card, and all credit cards that are added to the account in the future (including web site updates, and telephone updates with customer service). I understand that my credit card account will be charged immediately for any current usage or amount due on the account. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. In the event that the credit card should decline, I acknowledge that I am responsible for the unpaid balance, and that the account may be suspended or cancelled pending payment.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Alternate Credit Card Information:**  
 Amex: \_\_\_\_ Visa: \_\_\_\_ Mastercard: \_\_\_\_ Diners Club: \_\_\_\_ Discover : \_\_\_\_  
 Card No. \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Issuing Bank: \_\_\_\_\_ Name (as it appears on the **credit card**) : \_\_\_\_\_

Authorization: I authorize Kall8 to charge the amount of Kall8 billings to this credit card, and all credit cards that are added to the account in the future (including web site updates, and telephone updates with customer service). I understand that my credit card account will be charged immediately for any current usage or amount due on the account. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. In the event that the credit card should decline, I acknowledge that I am responsible for the unpaid balance, and that the account may be suspended or cancelled pending payment.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

\*\* Monthly credit limit consists of monthly usage charges, and does not reflect payments received between monthly cycles.

**Please sign below and fax this confirmation to 1-206-479-2616 or toll free to 1-800-760-4583 within 48 hours. If after 48 hours this document is not signed and returned, your credit limit will be reset to its previous level.  
 Thank you for using Kall8.**

This confirms my (our) verbal authorization to increase the credit limit to \$500. (If you would like to specify an amount other than the standard \$500, please enter amount here: \$\_\_\_\_\_.) I understand my charges may exceed this limit and that the limit in no way limits the amount that may be charged to my credit card or billed to me. This credit limit is used only by Kall8 for their internal credit controls. I (we) understand that the credit card account will be charged immediately for any current usage or amount due currently on the account. Kall8 accounts are charged for un-invoiced usage on a weekly or monthly basis depending on the billing cycle set for each individual account. This authorization remains in effect until Kall8 receives written notification to cancel this authority. I (we) acknowledge / authorize that ITL / Kall8 may obtain a credit report in connection with this request through a credit reporting agency chosen by ITL / Kall8.

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (If cardholder is different from account holder, both signatures are required)

Alternate Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (If cardholder is different from account holder, both signatures are required)