



SSL Certificate Request Form

Complete and fax to (866) 558-2879 or (323) 998-6265

Company Name (DBA): _____

Customer Name: _____

Phone Number: _____

Username: _____

Email: _____

Operating System: Windows Mac OS Other/Unknown

Web Browser: Internet Explorer Firefox Safari

Opera Other/Unknown

I hereby authorize USAePay to issue a SSL Certificate to the username listed above. I understand that by doing so, my username will have access to the full credit card numbers stored in my gateway account. I accept responsibility for the use and safe storage of this certificate.

Customer Signature

Customer (Print Name)

Date