



CREDIT CARD AUTHORIZATION FORM

I _____, the credit card holder, authorize
INTOUCH AMERICA to charge the following credit card:

American Express	Exp. Date
Discover Card	Exp. Date
Visa / Master Card	Exp. Date

V Code (3 digits on back of Visa/MC/DC, 4 digits on front of Amex): _____

Street # & ZIP (where credit card bills are being sent): _____/_____

Check the appropriate box:

- Customer Request for **Automatic Credit Card Payment** every month of all charges incurred.
- Customer Request **One time Credit Card payment**. Only the below specified amount will be charged.
- Guarantee in lieu of a cash security deposit. We will wait for payment, and if payment has not been received by the end of the billing cycle, we will charge the above card to prevent suspension of cellular account (Customer may not have met all of **InTouch America** Credit Criteria).

◆ Amount Charged: _____ \$

◆ Account Number: _____

⇒ Customer Signature: **AUTHORIZED OVER THE PHONE**

◆ Customer Name: _____

◆ Date: _____

HANDLED BY: INTERNET

Please fill in this form and fax back to: 818 345-0876 or mail to:
InTouch America – P.O. Box 571207 – Tarzana, CA 91357-1207