



Reliable Wireless Solutions at Affordable Prices

## CREDIT CARD BILLING AUTHORIZATION FORM

I \_\_\_\_\_ (Full name of card holder as it appears on the card), hereby authorize InTouch America, Inc. to charge the credit card specified below:

<b>American Express:</b>	<b>Exp. Date:</b>
<b>Discover Card:</b>	<b>Exp. Date:</b>
<b>Visa / Master Card:</b>	<b>Exp. Date:</b>

InTouch America Customer Account Number: \_\_\_\_\_

Verification Code Number (From signature panel or front of Amex) : \_\_\_\_\_

Amount to be charged to the above credit card: \$ \_\_\_\_\_

Billing Street #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Please select one of the following payment options:**

**Automatic Credit Card Payment**

Bill my credit card once per month for the total amount of service provided each month with InTouch America.

**One-time Credit Card payment**

Bill my credit card once for the specific amount indicated above.

**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.

⇒ **Authorized Card Holder Signature:**

\_\_\_\_\_

◆ **Please Print Full Name**

\_\_\_\_\_

◆ **Date:**

\_\_\_\_\_

HANDLED BY: WEB PAYMENT Please fax completed form to: 818 345-0876  
or mail to: InTouch America, PO Box 571207, Tarzana, CA 91357  
You may also email customerservice@intouchamerica.com