



REQUIRED

1737 Glenvale Dr. SW
Wyoming, MI 49519

Credit Card Authorization Form



____ PAY BY CHECK OR MONEY ORDER Monthly- I authorize this information to be kept on file and charged only if my payment is not received within 30 days of the invoice date.

Please send my monthly invoice to me by:

____ US Mail

____ Email (Billing Email Address) _____

____ Please bill my credit card listed above every month as payment for service.

Please send a copy of my monthly invoice by:

____ US Mail

____ Email (Billing Email Address) _____

____ NO BILL is necessary

Please check the type of card that you wish to authorize for transactions:

VISA _____ MasterCard _____ Discover _____ American Express _____

Cardholders Name: _____

Credit Card #: _____-_____-_____-_____

Expiration Date on Credit Card: _____ / _____

Security Code (3 digits on back of card) _____

Phone Number of Credit Card Holder: (_____) _____ - _____

Billing Address of Credit Card Holder:

Phone Number of Credit Card Company: (_____) _____ - _____

I authorize All-In-One Wireless, Inc. to charge my credit card for purchases of their products and/or services and to verify the billing address of my Credit Card with the issuing bank upon my signature. If All-In-One Wireless, Inc. is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees.

This information will be kept strictly confidential.

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date of Signature: _____

Office: 616-531-1538

Web: <http://www.oneisp.net/>

E-mail: accounting@oneisp.net