



Client Credit Card Payment Pre-Authorization Form

Credit Card Information:

Select Card Type:

Visa

Mastercard

Card Number & Code:

XXXX XXXX XXXX XXXX

Security Code:

XXX

Card Issue & Expiry Date:

MM/YY

Name As Shown on Card:

First Name:

Last Name:

Business Name on Card:

Registered Card Address:

Street:

City/Town:

State/Province:

Country:

Postal Code:

Description of Purchase:

Telephone Line Services

Telephone Equipment

Consulting Services

Long Distance Services

Other (Please Explain):

Pre-Authorization Option:

No

Yes

Currency:

\$ Canadian

\$ USA

€ Euro

"Yes" if you are pre-authorizing Telephonic to charge this credit card for weekly, monthly, or annually recurring charges.

Payment Frequency:

Original Purchase Date:

Date:

Month:

Year:

Frequency of Payment:

Weekly

Monthly

Annually

Cardholder Authorization:

Signature:

Date:

Location:

Your signature on this form is required to protect you, the card holder, and Telephonic Communications Inc., from any possible misuse of your card or any disputes. Please complete, sign, and **fax the form to +1 604 343 6650**.

By submitting this form, I, the signatory, hereby certify to Telephonic Communications Inc., that the credit card information I am providing is correct, valid, and that I am the legal card holder on this credit card account.

Photocopy of Credit Card: (Front Side)

Photocopy of Gov't Photo Identification: (Front Side)

Emailing this form may present a security concern. Please return this form by fax to:

+1 (604) 343-6650 Fax