CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Cardholder Name: _____
(As it appears on card)

Credit Card Number: _____

Exp Date: _____ / _____   *(Card Code Verification #) CVC:* _____

One Time Charge

Total To Be Charged: $ _____ *Invoice Number*: _____

$10.00 Convenience Fee will be added for each Credit or Debit Card Transaction

Type of Service(s) _____:_____

Recurring Charges

Monthly CC Charge Start Date: _____ *End Date:* _____

Amount of Monthly CC Charge: $ _____

$10.00 Convenience Fee will be added for each Credit or Debit Card Transaction

Credit Card Billing Address:

Street Address: _____

City, State & Zip Code: _____

Phone Number: _____

E-Mail: _____

As the credit holder, I hereby authorize **ATEL Communications, Inc.** to charge my account for the amount above.
I UNDERSTAND A $10.00 CONVENIENCE FEE WILL BE CHARGED FOR EACH CREDIT OR DEBIT CARD PAYMENT.

_____   _____

Cardholder's Signature/ Approved By   Date