



## Credit Card Authorization Form

### **CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

### **CREDIT CARD INFORMATION**

Credit Card Type:     MasterCard     Visa     American Express     Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

I, \_\_\_\_\_ authorize BlueCloud Communications, LLC. to charge my credit card above for agreed upon purchase. I understand that my billing information will be saved to file for future transactions on my account, namely monthly recurring telecom services and purchases.

Cardholder Signature X \_\_\_\_\_

Date: \_\_\_\_\_