



**CREDIT CARD RECURRING PAYMENT
AUTHORIZATION FORM**

Please complete the information below:

Billing Address: _____

Phone: _____ Email: _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name: _____

Last Four Digits of Account Number: _____ *Expiration Date:* _____

SIGNATURE _____ DATE _____

By its signature, the Customer authorizes TEN DIGIT Communications LLC (“TEN DIGIT”) to charge the credit card described above on this authorization form according to the Standard Terms and Conditions of Service and Standard Terms and Conditions of Credit Card Payment at www.tendigitcommunications.com. TEN DIGIT will charge the applicable card on the first day of the month of service to the Customer and on each first day of every month for the Term of Services. If the above noted payment dates fall on a weekend or holiday, the Customer understands that the payments may be executed on the next business day. The Customer understands that this authorization will remain in effect until the Customer cancels it in writing and agrees to notify TEN DIGIT in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for TEN DIGIT provided Services. The Customer certifies that it is an authorized user of this credit card and that it will not dispute the scheduled payments with its credit card company provided the transactions correspond to the terms indicated in this authorization form, the Customer’s Service Agreement with TEN DIGIT and TEN DIGIT’s Standard Terms and Conditions of Service and Standard Terms and Conditions of Credit Card Payment at www.tendigitcommunications.com.



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Please complete the following information for establishing the initial set up of the credit card for processing of payments for services subscribed. This sheet will be shredded and destroyed immediately following establishment of the payment processing with the credit card processor for the initial payment. This sheet will not be retained for future use.

Account Type: Visa MasterCard Amex Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV Code (4 digit code on front of AMEX, otherwise 3 digit code on back): _____
