

# CREDIT CARD AUTHORIZATION FORM

Card Type (circle one):    MASTER    VISA    DISCOVER    AMEX

Card Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration Date: 

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
|   |   | / |   |   |   |   |
| M | M |   | Y | Y | Y | Y |

CVV: 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

    AMEX Security Code: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Credit Limit: \$ \_\_\_\_\_      Daily Limit: \$ \_\_\_\_\_

Name of the Card Holder \_\_\_\_\_  
(Exactly as it appears on the credit card)

|                            |                            |
|----------------------------|----------------------------|
| Billing Address _____      | Shipping Address _____     |
| City _____                 | City _____                 |
| State _____      Zip _____ | State _____      Zip _____ |

Card Holder Phone Number (      ) \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Valor Communication, Inc. to charge my credit card for the purchases / services made, placed by myself, my company, its principals, and or/its representatives.

The information contained herein is true and accurate to the best of my knowledge and is considered confidential.

I accept the terms and conditions set forth in the corresponding credit card agreement and Valor Communication sales policies.

Signature of the Card Holder \_\_\_\_\_

Name of the Card Holder (PRINT) \_\_\_\_\_

Date of Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Please attach a copy of the credit card (front side and back side) & driver license, and fax the copies back to Valor Communication, Inc. at (626) 581-3775