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Credit Card Authorization Form

Recurring Billing

I understand my credit card will be billed monthly in advance for all recurring and non-recurring charges for Telecommunication services rendered per agreement. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing. All cancellations of authorization are subject to 30 days prior notice. I also understand I will update information for any new card or expiration dates in a timely manner.

Please complete all the following information. Your account cannot be processed if incomplete.

Circle Type of Credit MC VISA DISCOVER AMEX

CC Number: _____ EXP. DATE: _____

Name of the credit card holder: _____
(as it appears on the credit card)

Address: _____
(As it appears on the statement)

City: _____ State: _____ Zip: _____

CVV2 (3 digit # on the back) _____

Signature of Credit Card Holder: _____ Date: _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my card company; so long as the transaction corresponds to the terms indicated in this form.

Please return this form to magic@abadata.com or fax to 989-883-9313.