



Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information

Customer Name: _____
Customer Account Number: _____ Phone: ____ - ____ - ____
Email Address: _____

Payment Information

I authorize ACCEL COMMUNICATIONS, INC to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Quarterly
 Bi-Annually
Start billing on: ____/____/____ Annually

Credit Card Information

ACCEL COMMUNICATIONS, INC accepts Visa and Mastercard

Visa Mastercard

Credit Card Number: _____ Expires: _____
Cardholder's Name: _____ Cardholder's Zip Code: _____
Customer Signature: _____ Date: _____