

CREDIT CARD AUTHORIZATION FORM

Card Type (circle one): MASTER VISA DISCOVER AMEX

Card Number:

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Expiration Date:

		/				
M	M		Y	Y	Y	Y

CVV:

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 AMEX Security Code:

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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