

TELEXFREE, INC.

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CREDIT CARD CHARGE AUTHORIZATION FORM

Visa, Master Card, American Express, Discover

Please complete, sign, and return via e-mail or fax

I, CARDHOLDER _____

ID # _____, AUTHORIZED TO CHARGE IN MY CREDIT/DEBIT CARD THE AMOUNT

OF \$ _____ FOR THE INVOICE _____ ON DATE

(MM/DD/YYYY) _____ FOR (DESCRIPTION OF SERVICE)

CARD (PLEASE CHECK ONE)

American Express

Discover

MasterCard

Visa

CREDIT CARD NO. _____

EXPIRATION DATE _____

CARDHOLDER'S BILLING ADDRESS _____

PHONE NUMBER _____

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE TERMS LISTED ABOVE

PRINT NAME _____

SIGNATURE _____ DATE _____