



DEFINITIVE CELLULAR RETAIL MANAGEMENT SOFTWARE

2152 E. Cedar Street, Tempe, AZ 85281

Toll Free: 877-277-6810 In-State: 480-839-8686 Fax: 480-839-0958

Credit Card Payment Authorization (1-Time Only Payment)

Credit Card

Card Type: ☐ American Express ☐ Master Card ☐ Visa

Company Name _____

DBA _____

Customer **Billing** Account # _____

Name on Credit Card _____

Credit Card Number _____

CVV Number _____ (3 digits on back - AMEX 4 digits on front)

Expiration Date _____

Cardholder Name _____

Amount Authorized to Charge \$ _____

Cardholder/Authorized User Signature

Date

Printed Name & Title of Authorized Signor

**By signing this form, I the cardholder or authorized user, give TeleTracker, Inc. the authorization to bill the above referenced credit card for the indicated amount stated above, which is due and owing on the applicable account. I certify, warrant, and represent that the cardholder named above agrees to pay the credit card charge(s) in accordance with the Card Issuer Agreement.*