



Credit Card Authorization Form

Purchasing for Company Name: _____

Name on Credit Card: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

City, State, ZIP: _____

Type of Credit Card: _____

By signing below, I authorize **PHONEWARE, INC.** to bill purchases in the amount listed below to the above credit card.

Amount: _____

Authorized Signature: _____ Date: _____

Signer's printed name: _____

Single Purchase

Card on file for Multiple Purchases

Taxable

Non-Taxable

Resale # _____

In order to meet your request to have your credit card on file with PHONEWARE, Inc., please return this completed form along with a copy of the front and back of the credit card.

Special notes or instructions:

Please fax completed form to **(602) 445-1291** or email to **billing@azphoneware.com**