Credit Card Authorization Form

Card Type: ◯ MasterCard ◯ Visa ◯ Discover ◯ American Express

Card Number: _____

Expiration Date: _____ / _____
MM YYYY

CVV: _____ AMEX Security Code: _____
3 Digits 4 Digits

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: _____ / _____ / _____

- Once signed and completed, email this form—along with a copy of the front and back of the credit card and the cardholder's driver's license (name must match the card)—to your account manager or accounting@valorcomm.com.