

Recurring Credit Card Payment Authorization Charge Form

Complete the Form Sign it and Fax it back to 786-900-0060 or Email it to salesinfo@pantel.us



PANTEL NETWORKS
Phone: 305-222-2288
Fax: 786-900-0060
www.pantel.us

Date:		
Customer:		
Credit Card #:		
Card Type:	<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Amex <input type="radio"/> Discover	
Expiration Date MM/YY:		CSC: <input type="text"/>
Amount:		
First Name:		
Last Name:		
Billing Address:		
City:		
State/Province:		
Zip/Postal Code:		
Phone:		
E-mail:		

I authorize PANTEL to charge my credit card the first day of every month for the amount of my Plan plus 2.99% plus 0.30 cts per transaction as convenience fee, according with the Pantel Networks Invoice to be paid.

If PANTEL is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant that all information given is true and correct.

Cardholder signature or enter
By phone if approved verbally:
Print Name of Cardholder:

Internal Use Only:

Payment will be Applied to:

Order Completed:	
Service:	