



## CREDIT CARD FORM

Company Name: \_\_\_\_\_ Telewave Account #: \_\_\_\_\_

I \_\_\_\_\_ authorize Telewave, Inc to charge my credit card  
(Credit Card User Full Name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(Invoice #, Quote # or Purchase Order #)

### Credit Card Information:

Type of Credit Card:  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ SEC: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Charge this credit card one time per requested above.

Charge this credit card one time and keep on file for future purchases.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return document to:

Telewave, Inc. - Accounts Receivable  
660 Giguere Court San Jose, CA 95133  
Phone: 408.929.4400, 800.626.4480 Fax: 408-929-4007  
Email: [accountsreceivable@telewave.com](mailto:accountsreceivable@telewave.com)