



Credit Card Authorisation Form

DATE _____

Name: _____

Address: _____

City/Country: _____

Co. Contact: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

SUBMIT TO: Telecomms-Plus Inc.
79 Microsoft Drive
Elizabeth Park
Christ Church
Barbados

Fax: 246-437-3967

FOR INTERNAL USE ONLY	File opened: _____
	Approved by: _____
	Date: _____
	Notes: _____

I _____ authorise TelecommsPlus Inc. to charge the following credit card (s) for purchases made by me/my company.

CHECK ONE: For single amount of US\$ For all future purchases During the next _____ months

Credit card type Mastercard Visa

Name on card _____

Credit card #: _____

Expiration date _____

Signature of credit card holder _____

Credit Card Billing _____

Address: _____

Customer ID: _____

IMPORTANT: This application must be accompanied by a copy of the front and back of each card specified.