



### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until services are canceled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
CVV 3-Digit Security Code: _____				
Expiration Date (mm/yyyy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, \_\_\_\_\_, authoriz Pacific Bell Inc to charge my credit card for products and services on a monthly basis as per agreed terms and conditions. I understand that my information will be saved to file for future transactions on my account.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_