



### 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 \_\_\_\_\_