



Billing Department
 Tel: 435-294-2499 Fax: 435-213-2220

Credit Card Billing Information:	
Company:	
Name of authorized company agent	
Phone Number:	
E-mail Address:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Credit Card Number:	
Enter CVC Number:	Last 3 digits from the back of card or 4 digits from face of card
Expiration Date:	
Name on Card:	
Billing Address:	
City/State/Zip:	
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Cache Telecom's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to sales@cachetelecom.com	
Changes in the status of this card can also be reported to sales@cachetelecom.com	

CREDIT CARD BILLING AUTHORIZATION FORM

The undersigned is a duly authorized representative of the company named above.

Authorized Signature: _____ Date: _____

Please fax this form back to the Cache Telecom Sales Department's secure and confidential fax line at: 435-213-2220