

RAKTEL- Automatic Recharge CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information	
Credit Card Number	
Payment Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Other, Please Specify
Expiration Date	
CSC <small>MasterCard, Visa and Discover: last three digits on the back of your card. Amex: four digits on the front of the card.</small>	
First Name	
Last Name	
Billing Address Line	
City	
State	
ZIP Code	
Billing Phone	
Email	
Contact Phone <small>(if different then Billing Phone)</small>	
Amount To Refill	
RAKTEL Account Number	
<p>Customer agrees that all information is complete and accurate. Customer also agrees that RAKTEL will charge (above) credit card when customers account's balance reaches \$5. Disputes to amounts invoiced should immediately be reported to payment@raktel.com. Changes in the status of this card should be reported to payment@raktel.com or fax number on this form.</p>	

SIGNATURE: _____ **DATE:** _____