



Sports Voice Services can accept your Major Credit Card for payment of your services. Because this is a “non-swiped” transaction, our card processor requires we obtain certain identifying information for your protection. Please have the Card Holder use this form to authorize *Sports Voice Services* to make charges as specified below. The Card Hold must use their name and address as it appears on the credit card Statement. This is for your protection. When this form has been completed, please fax this entire page to **714-647-1911**.

NOTE: THIS FORM MUST BE COMPLETED AND SIGNED BY THE CARD HOLDER
- The address used MUST be the Card Billing Address -

Credit Card
Billing Name:

Address:

City:

State:

Zip:

Telephone
Number:

FID or Social Security
Number:

Please check:

I hereby authorize *Sports Voice Services* to make “non-swiped” charges to my credit card account for services ordered by me and rendered by *Sports Voice Services* on my behalf in the amount allowed and frequency specified below. I hereby agree to pay these charges according to my credit card company’s “*Terms and Conditions of Use*”. This authorization will continue until written notification of termination by *Sports Voice Services* or myself.

One time payment in the amount of: \$_____

Regular monthly payments as invoiced by *Sports Voice Services*.

Please Email payment receipts to: _____

Card Number:

Expiration:

Security code on
Back of card:

Signed: **X**

Today’s
Date: