



Florida Telephone Services
 Your Alternative Phone Company
www.ftstelecom.com

Customer Name: _____

Phone Number: _____

CUSTOMER CREDIT CARD AUTHORIZATION FORM

Please follow instructions below to complete our Credit Card Authorization Form.

Instructions

1. Complete the form and type or write in black ink legibly all billing information in the blanks below.
2. Make sure the form is signed with the credit card holder's signature on the line indicated.
3. Your billing address must be exactly as it appears on your credit card statement. Please check your statement for accuracy to avoid delays.
4. Include a photocopy of the **Front** and **Back** of the signed credit card, as well as a government issued picture ID of the cardholder (i.e. Driver's License, passport).
5. FAX or scan and email the completed form and the photocopies of the credit card and ID to complete the transaction. The fax number is **(407) 331-9429** and email address is accounting@ftstelecom.com

I, _____, hereby authorize Florida Telephone Services to charge my credit card account every month in the amount of \$ _____ and to this card with all conditions of sale as if I were presenting my credit card in person. I warrant that I am the authorized cardholder for the credit card account indicated above, that funds are available, and that I will perform the obligations set forth in the cardholder's agreement with the credit card issuer. I understand that all funds provided to Florida Telephone Services are non-refundable. **PLEASE NOTE:** You will see this charge on your credit card statement as DigiCell Telecommunications, an authorized agent of Florida Telephone Services.

Please be aware that in addition to the amount authorized, there is an additional \$5.00 processing fee.

Please check the box identifying your type of credit card you are authorizing Florida Telephone Services to charge:

VISA MasterCard American Express Discover Card

Credit Card Number: _____

Expiration Date: _____ **Three / Four Digits on back of card:** _____

Social Security Number: _____ **Driver's License Number:** _____

Credit Card Billing Address: _____

Telephone Number: () - .

Cardholder's Signature

Date

Print Cardholder's Name