

Fax to: 310.618.1950
DO NOT EMAIL (for security reasons)

CREDIT/DEBIT CARD AUTHORIZATION

I the undersigned authorize Interconnection Center to charge my credit/debit card for services rendered or to be rendered as follows. I understand that a 3% service charge will be added to the authorized retainer and/or payment. I represent that I have full authority to use this credit/debit card for this purpose:

Exact individual name on card_____

Company name (if applicable)_____

Card number_____

Card billing address_____

Security number (three digit)_____

American Express Security number (four digit)_____

Expiration date_____

Name printed

Signature