



26961 Via La Mirada, Suite 100, San Juan Capistrano, CA 92675
Office: 800.308.6383 Fax: 800-851-6047

Credit Card Authorization Fax Back To: 866-847-9905

Date: _____ Sales Rep: _____

Company Name: _____

Name As It Appears on the Card: _____

Billing Address: _____

Card Type: _____ Expiration Date: _____

Card Number: _____

Card PIN (the 3 numbers from the back of your card / if Amex it is the 4 numbers on the front): _____

Amount Authorized: \$ _____ + 3% to cover credit card charge fee.

I authorize all current and future charges to be charged on this card: If yes check here _____ if no check here _____

Charge All Future Invoices To This Card: _____ Please Initial to accept
Client authorizes charges, authorizes an additional 3% to cover credit card charge fee, and signer guarantees to never charge back this charge for any reason and understands there is no refund as all minutes purchased are non refundable and may only be redeemed in service from our company.

Authorized Signature: _____

Print Name: _____

Other payment options:

Bank Wire

Wells Fargo

ROUTING NUMBER: 121000248

ACCT #: 8249746739

NOTE: TOLLFREEZONE.COM, INC.

Contact info: 949-831-0128

If you wire, please fax wire confirmation to 866-847-9905 so we can give you the credit for the wire!

PayPal:

Direct Paypal funds to Payments@tollfreezone.com

