



Please return this completed form by
Email to service@callamericacom.com or by
fax to (805) 549-7801 for processing

CREDIT CARD AUTHORIZATION FORM

Customer Name _____

Account Number _____

Type of Credit Card _____
(Visa/MC/Amex)

Credit Card Number _____

Exp Date (MM/YY) _____

Name on Card _____

Billing Address _____
(where CC stmts. are mailed)

Who remitted this payment _____ **Phone #:** _____

Transaction Type **Monthly** _____ **One Time** _____

If One Time Amount Authorized _____

Authorized Signature _____ **Date** _____

If signature is not available how was the authorization received:

Verbally _____ **Email** _____ **Date Received** _____

Call America agent who took this information _____