



Name:	CODE	SF-PR-16
Credit Card Authorization Form	REVISION	0
	DATE	3/24/2014

Date: _____ TDS Invoice#(s) _____

TDS Traffic #(s) _____

Customer Name: _____

Customer Acct: _____ Authorized Employee: _____

I, _____, hereby authorize TDS, Inc. to charge my credit card as stated below the amounts as authorized below for payment(s) of services rendered as provided to invoice(s) as referenced below.

Cardholder Name (Print): _____

Billing Address: _____

Telephone: _____ Fax: _____

Card Type: American Express Visa MasterCard

Email Payment confirmation: _____

Card Number: _ _ _ _ _

Security code: _ _ _ Expiration Date: _____

Amount: _____ *Please note that there is a 4% processing fee with a **\$5.00** minimum for each transaction.

Authorized Signature: _____

Signed authorization must be sent for each transaction. We do not keep any record on file. Forward completed authorization to payments@transcontinentalinc.com

If you have any questions please contact Admin@transcontinentalinc.com or call (877) 690-8878

Comments:

