



### Credit Card Payment Authorization Form

Sign and complete this form to authorize ACC Global Technologies, Inc to make a charge on the credit card listed below. Return the completed form by fax to 888.463.4102 or by mail to 3308 Preston Rd Ste. 350-213 Plano, TX 75093.

By signing this form you give us permission to debit your account for the amount agreed to. This is permission for a single and multiple transactions.

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#### Please complete the information below:

I \_\_\_\_\_ authorize **ACC Global Technologies, Inc** to charge my  
*(Company name or Individual name)*

credit card account for services and purchases provided by ACC Global Technologies Inc.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

\_\_\_\_\_ One Time Charge  
\_\_\_\_\_ Monthly Ongoing Charge (Written request is required to cancel)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services provided by ACC Global Technologies, Inc. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.