



Converged Communications, LLC

Credit Card Authorization Form

330 E 14th Ave North Kansas City, MO 64116
P: 816.842.2200 F: 816.842.2260 E: admin@ccsmo.com

Company Name:					
Contact Name:					
Company Physical Address:					
	City:				
	State:		Zip:		
Company Billing Address:					
	City:				
	State:		Zip:		
Phone Number:			Email Address:		
Invoice Amount:	\$	Invoice #:			
<input type="checkbox"/> Visa/ MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx					
Credit Card Number:					
Expiration Date:	_____ / _____		CCV/CIV Code:		

INITIAL	I elect to pay my monthly recurring invoice by credit card payment. I authorize CCS to charge my credit card for my monthly invoice on the selected day of the month. If this day falls on a weekend or holiday, I understand that the payments may be executed on the next business day.

I, _____ on behalf of _____ hereby authorize receipt of goods & services at the address listed above. Converged Communications (CCS) has my authorization to make recurring or non-recurring charges to my Credit/Debit card provided on CCS's Credit Card Authorization Form. If necessary, CCS may initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until CCS has received written notification from me to cancel. Notice must be received by CSS at least 15 days prior to a recurring charge date in order to cancel the next payment. I certify that I am an authorized user of this credit card and that I will not dispute any scheduled payments with my credit card company provided the transaction correspond to the terms indicated in this authorization form. I understand it is my responsibility to update CCS with any changes to this card or its authorized user. Provided CCS does not receive payment from me within 15 days of an invoice due date, I authorize the charge to be placed on my Credit Card on file. I have read and agree with the terms listed above, as well as the terms set forth in the Privacy Policy located at www.ccsmo.com.

Signature	Date

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. Any changes or inquiries related to your credit card information, company name, or contact information should be forwarded to admin@ccsmo.com.