



WWW.TEN-FOUR.COM
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209-529-9967

CREDIT CARD AUTHORIZATION FORM

We want to ensure doing business with Ten-Four Communications Inc. is as secure and efficient as possible. Please complete this form in dark ink and fax (209)529-9967 or email, diana@ten-four.com, this form back to us.

Circle type of card: VISA MASTERCARD AMEX DISCOVER

Credit Card Number _____ Expiration Date _____

CVC Security Code _____ For Visa, Mastercard, and Discover this is the last three digits on the number on the back of card. For American Express it is the four digits in the corner of the card on the front.

Credit Card Billing Address

Requested Shipping Address

Street _____

Street _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Telephone _____

Telephone _____

I, _____, hereby authorize Ten-Four Communications to charge my credit card, for this one time purchase or to keep on file for future purchases. I also authorize the receipt of merchandise at the above address. I also agree to have my credit card charged for my monthly service, if applicable.

Cardholder Signature _____ Date _____

Email _____

Your completion of this authorization form helps us protect you, our valued customers from credit card fraud. All information entered on this form will be keep strictly confidential by our company.