



Jim
201.214.2102
15 Olivia Way
Jackson, NJ 08527

Credit Card Authorization Form

Please print clearly, thank you.

Today's Date:

Credit Card Information: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Account Number: 3 Digit Security Code

Expiration Date:

Name on Account:

Phone:

Fax:

Billing Address:

Email Address

By signing this agreement, I authorize Bow Communications to charge the above account with the following option:

☐ \$25.00 (\$1.00 per port – 25 port minimum) ☐ _____ additional ports at \$1.00 per port

Per month for Conference call Services with Bow Communications. I understand that I am reserving a line and I agree not to charge back whether I actually use the line or not for each month that I am an active participant with Bow Communications. All Charges are processed in advance on the 15th of the month. To cancel service please notify in writing by the 14th of the month, thank you.

Please check box for additional features NC:

☐ Music on Hold ☐ Auto Host Disconnect ☐ Entry Tones ☐ Exit Tones ☐ Roll Call ☐ Lock Out

Authorized Signature:

Please fill out all appropriate information and fax back ASAP to:

800.292.3310

or email: bowcom@verizon.net