

1211 West Sharon Road Cincinnati, Ohio 45240 (888) 595-5818 office | (513) 595-5919 fax

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (CREDIT CARD PAYMENTS)

I (we) hereby authorize Mobilcomm, Inc. dba Heavenwire, hereinafter called COMPANY, to debit entries to my (our) card indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such card.

(Customer Name)		(Customer Account Number)				
Card Type:	○ VISA	○Master	Card	ODisco	ver	
(Cardholder Name)			(Card Number	 er)		
(Expiration Date)			(Card Verification Number)			
			Van Martines			
(Card Billing Address)		(City, State Z	 iip)		
Please initial to a	cknowledge your ı	understanding	that any ba	ılance due wi	ll be processed	l
-		_				n \$ e additional charges
MY CARD WILL	BE CHARGED WH	EN AN AMOUN	NT IS DUE	TO BRING TH	HE BALANCE T	O \$0.00.
(or other account		nination in suc	h time and			otification from me NY and FINANCIAL
(Cardholder Signatur	e)		(Date)			

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