



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

I authorize Myxcell Network to charge my credit card provided herein for my monthly phone service including service fees and long distance usage. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

_____ By signing here you accept the Phone service. Since the invoicing is done a MONTH behind you agree to pay the last month of service and have Five (5) calendar days to cancel the service in writing. YOU AGREE NOT TO FILE A CHARGEBACK _____

Once signed return the completed form to:

Mail to: 4851 NW 79 Ave Suite 2 Doral FL 33166
Fax To: 1-800-790-0399
Email: billing@myxcell.net