



399 Main Street Suite 5, Lodi, NJ 07644

Tel: 1-866-939-3608 Fax: (973)470-8144

Web: <http://www.triple7cellular.com> Email: sales@triple7cellular.com

Credit Card Payment Authorization

Company Name: _____

Cardholder's Name (as appears on card):

Card Type: VISA MC AMEX DISCOVER (please circle one)

Billing Address and Telephone Number

Telephone (_____) _____

Shipping Address (if different from above)

Card No: _____ Expiration Date: _____

CVV Code: _____

As the cardholder, I authorize **Triple 7 Cellular Inc.** to charge my credit card in the total amount for the items purchased. I agree to be bound by **Triple 7 Cellular Inc.**'s terms of shipping charges when a shipment is returned due to a refusal, and agree to follow the instructions for the return of any merchandise. I further agree that if my credit card is invalid, I will provide **Triple 7 Cellular Inc.** with a new valid credit card or an alternate form of payment for any outstanding balances.

NAME (PRINT) _____

CARDHOLDER'S SIGNATURE

Please fax or mail the original authorization form to Triple 7 Cellular Inc. We are required to have your signature on file. This will avoid future shipments being delayed.

Triple 7 Cellular Inc.

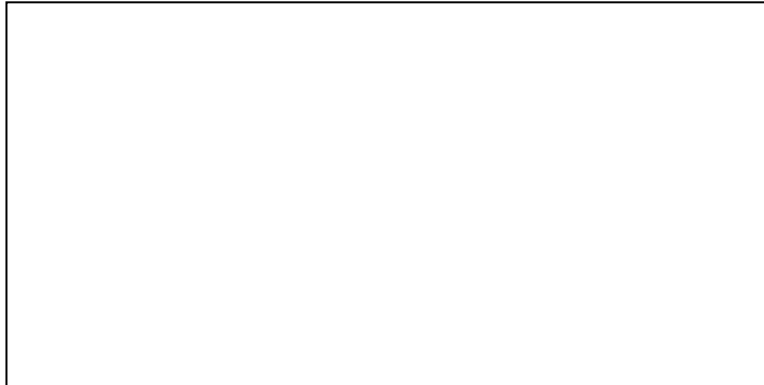
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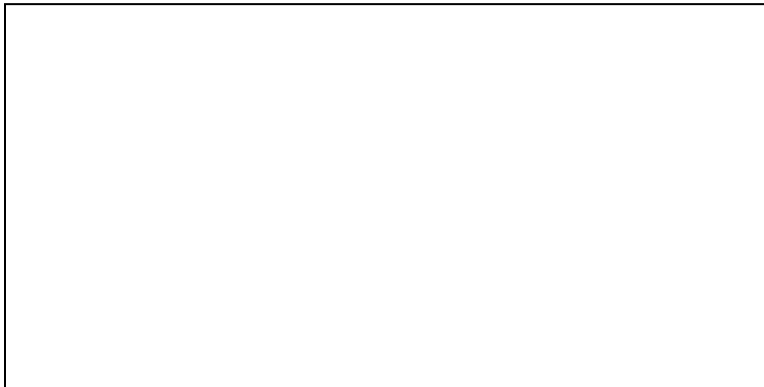
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***** Required *****

Copy of Driver's License or State issued ID

A large, empty rectangular box with a thin black border, intended for a copy of a driver's license or state-issued ID.

Copy of Credit Card (Both Sides)

A large, empty rectangular box with a thin black border, intended for a copy of both sides of a credit card.A large, empty rectangular box with a thin black border, likely intended for a second copy of a credit card or another document.