



Page Plus Wireless

Tel. 877-924-0024

Fax. 440-899-2882

CREDIT CARD AUTHORIZATION FORM

Company Name _____

Name on Credit Card _____

City _____ **State** _____ **Zip** _____

Credit Card # _____

CVV Code _____ **Expiration Date** _____

Credit Card Billing Address _____

Business Telephone _____

Email Address _____

Authorized Name(please print) _____

By signing below I agree that Page Plus Wireless Inc.

_____ **May keep my credit card on file for future orders**

_____ **May use my credit card for this purchase only**

**Customer agrees to pay a 15% restocking fee and all freight charges for
returned/refused orders**

Authorized Signature _____

Please return by fax or email: (440)899-2882 / dealerorders@pagepluswireless.com