

Please complete and return by fax 305-573-5199

Payment type (select one)	<input type="checkbox"/> Automatic Monthly Payments	<small>By enrolling in ISN Telcom's Automatic Debit program, I understand and agree that ISN Telcom will debit the credit card below for services rendered each month immediately after the billing period for all charges incurred, plus any late fees that may apply.</small>	<input type="checkbox"/> One Time
Amount (one time payment only)	<input type="checkbox"/> Full Balance		<input type="checkbox"/> Other Amount \$ _____
Card type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex <input type="checkbox"/> Discover
Credit Card holder's name			
Card number			
Security Code <small>Visa/Master/Discover: 3 digit found on the back of the card American Express: 4 digit found on the front of the card.</small>			
Expiration Date	Month	Year	
Billing Address	Street		
	City	State	Zip

The undersigned below hereby authorizes ISN Telcom to debit the Credit Card detailed above for the indicated amount applying to the services rendered to the customer above mentioned.

Company / Individual Name	
DBA	
Customer #:	
Contact Phone:	
Phone Number:	

I agree and understand that any claim pertaining to the origin of such debit shall not be enforceable against ISN Telcom.

Signature	
Printed Name & Title	
SS# (residential accounts only)	
Date	