



Credit Card Payment

Please Select: **Monthly Recurring:** Payment will process on the 15th of each month for amount due.

Premier Comm. Account #: _____

Card Number: _____

Exp. Date: _____

Type of Card: Visa Mastercard Discover

Name on Card: _____

CC Billing Address: _____

City: _____ State: _____ Zip: _____

Daytime Contact #: _____

Amount Authorized: \$ _____

I (we) authorize Premier Communications to charge my credit card. For monthly recurring payments, this authority is to remain in full force and effect until Premier Communications receives written notification from me (or either of us) of its termination.

Signature

Date