



**Credit Card Information**

Cardholder Name: \_\_\_\_\_

Visa       MasterCard       American Express       Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(Address where monthly credit card statements are received)

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Associated with credit card)

Being the cardholder, by signing below you understand and agree to pay, and specifically authorize Spectrum Services LLC to charge my credit card, for the services provided. (Send in with copy of a picture ID)

Cardholder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_