



Credit Card Billing Authorization

For credit card billing, please complete and sign the form below. All requested information is required. Upon approval, we will bill your credit card for the amount and frequency indicated and your total charges will appear on your monthly credit card statement. You may cancel this billing authorization at any time by contacting us directly at (949) 574 5500.

Customer Billing Information

Client Name		Tax ID
Cardholder's Name		Phone Number
Street Address		
City	State	Zip Code

Payment Information

I authorize Golden Communications Inc. to bill the card listed below as specified until provided with written cancellation.

Amount: \$ _____ One-Time _____
 As Necessary (e.g. monthly, quarterly) _____

Credit Card Information

VISA MasterCard American Express

Credit Card Number	3 or 4 # Security Code	Expiration Date
Cardholder's Signature	Date	

Please email the completed form to ar@gscadmin.com