Credit Card Payment Authorization

1-TO-ALL Billing Department
8721 Santa Monica Boulevard #933
Los Angeles, CA, 90069
Fax: +1 888 553 5425

Date(DD/MM/YY): ..... / ..... / .....

ACCOUNT INFORMATION

MAC Address: | | | | | | | | | | | | Service Account: | | | | | | | | | | |

Primary Number: | | | | | | | | | | | Secondary Number: (If Any) | | | | | | | | | | |

BILLING ADDRESS

Name: ..... Organization: .....

Street Address: ..... City: .....

State: ..... Zip Code: ..... Country: .....

E-Mail: ..... Phone: ..... Fax: ..... Mobile: .....

DETAILS (Product or Service or Both)

Device: .....

Calling Plan: .....

PAYMENT & CREDIT CARD INFORMATION

Card Holder's Name: ..... Name of Issuing Bank: .....

Card Type: ☐ Visa ☐ Master ☐ AMEX ☐ Discover

Card Number: | | | | - | | | | - | | | | - | | | | Exp. Date(MM/YY): .....

CVV (Last 3 Digit): ..... Total Payment: .....

I authorize 1-TO-ALL Inc. to deduct the outstanding balance indicated above for

☐ 1 Time charge only

☐ Monthly recurring charge (monthly service fees)

Please be advised that the charge above is based on prepaid service. It is the responsible for the card's owner to maintain sufficient funding of the account in order to avoid interuption of 1-TO-ALL services.
Please be advised if DISABLED, your account will ONLY be reactivated between the hours of 8:30 AM - 6:00 PM EST, MONDAY through SATURDAY upon SUPERVISORY approval.
Charges will appear on your credit card statement as being from 1-TO-ALL Inc.

INTERNAL USE ONLY

Date(DD/MM/YY): ..... / ..... / .....

Checked by: .....
( )

Approved by: .....
( )

Signature: .....
Card Holder's Signature

Date(DD/MM/YY): ..... / ..... / .....

Please completed this form and fax to +1 888 553 5425