



Credit/Debit Card Authorization Form

349 Damon Rd NE ~ Ocean Shores, WA 98569 ~ 888-224-6502

Fax: 360-289-2750 sales@coastaccess.com

Business Hours: Mon ~ Fri: 8:00 am to 5:00 pm

Credit card payment is accepted for fees payable to Coast Communications Co. Automatic payments will be processed within two working days after the 20th of each month. Complete the following information form and submit it to our office. All information below must be completed in order for your account to be confirmed for Auto Credit/Debit card payments. Written Cancellation of this notice must be provided to Coast Communications 5 business days prior to cancellation date. I may choose to update the card information by phone at my discretion.

Date: _____

Coast Account Number: _____ - _____

Name as listed on card: _____

Authorized Signature: _____

Telephone number: _____

Service Address: _____

Street address

City

State

Zip code

Circle one

VISA or MasterCard card number (Print Clearly)

Expiration date (Month / Year)

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Card Billing Address: _____

Street address

Street address

City

State

Zip code

I hereby authorize the use of my credit card for payment of my charges owed to Coast Communications Co.

- I want my statement emailed to _____
- I would prefer to continue receiving a monthly statement.
- I do not want to continue receiving a monthly statement.

Signature: _____ Date: _____

Printed Name: _____