



Credit Card Debit Authorization Form

Print Name Below of Cardholder: *As it appears on the face of the credit card*

Current Billing Address for this Credit Card:

For LEC Office Use Only
Customer ID# from Invoice 1* _____

(Invoices listed below include a Bill Code 107 Convenience Fee)

PLEASE PRINT CREDIT CARD NUMBER LEGIBLY

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EXPIRATION DATE

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CID NUMBER

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This transaction cannot be processed without CID Number

On MC/Visa/Discover Cards Number appears on back of card in signature section and is three-digits. On American Express it is a four-digit number appearing on front of the card near the embossed card number.

Invoice Numbers and Amount being paid

- | | |
|-----------------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |

*We accept: Visa,
MasterCard, Discover and
American Express*

I hereby authorize Coppersmith Inc. to debit my Credit Card described herein for services provided in accordance with their invoice number(s) indicated above. I personally accept full responsibility and indemnity for payment.

Total of amounts listed above is authorized in US Dollars including a convenience fee to reimburse the cost of processing this credit card transaction.

\$ _____

Signature: _____ **Date:** _____

Fax completed form for processing to:
Coppersmith Inc.

Phone:

Fax:

Attention: _____

Please provide a telephone number where you can be reached immediately in the event there is a problem processing this transaction. Thank you

Form Updated as of February 28, 2007
All previous editions are obsolete