

**One Source Cellular, Inc.**  
383 Kingston Ave, Suite 136  
Brooklyn, New York 11213

Phone: 718-369-1766  
Fax: 877-302-7009

Authorization to Purchase with Credit Card

Account Name: \_\_\_\_\_ Invoice No.: \_\_\_\_\_  
Date: \_\_\_\_\_

Credit Card Information

Type:  Visa       MasterCard       American Express       Discover

Credit Card No.: \_\_\_\_\_ Exp. / \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize **One Source Cellular, Inc.** to charge my credit card the amount of:

\_\_\_\_\_ US Dollars

Amount of: \$ \_\_\_\_\_

Signed and Accepted by: \_\_\_\_\_ Signature.

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

I hereby authorize **One Source Cellular, Inc.** to charge \$ \_\_\_\_\_ to the above-referenced credit card. In choosing to use this method of payment, I guarantee that no charge-back will be issued. I will contact **One Source Cellular, Inc.** to settle any disputes.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF THIS IS YOUR FIRST TIME PURCHASING WITH A CREDIT CARD WITH US PLEASE ATTACH PHOTOCOPIES OF YOUR CREDIT CARD (FRONT & BACK) AND ONE FORM OF PICTURE I.D.**

**PLEASE COMPLETE AND FAX THIS FORM BACK TO THE NUMBER LISTED ON THE TOP OF THIS FORM.**