



CREDIT CARD AUTHORIZATION

**Effective 12/1/2021 there is a 3% Convenience Fee for all credit and debit card transactions.*

CUSTOMER NAME: _____

BILLING EMAIL: _____

CONTACT PERSON: _____

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

SECURITY # : _____

EXP. DATE: (MM/YYYY) _____

BILLING NAME: _____

BILLING ADDRESS: _____

I hereby authorize Towerstream to charge my credit card for a onetime payment of \$ _____ due under my Internet Service Agreement.

Signature: _____

Signed By: _____ **Date:** _____

Please forward signed form to:
Towerstream
76 Hammarlund Way # 130
Middletown, RI 02842
FAX: 401-608-8305 PHONE: 866-848-5848 x 9102
Email: billing@towerstream.com