Authorization for Credit Card Payment

Credit Card Payment

I authorize OPC Marketing to initiate a one-time entry in the amount of $_____ to my account described below. This is payment for the balance of Invoice #_____

VISA / MasterCard / Amex / Discover

Cardholder Name: _____

Credit Card Number: _____

Exp Date: _____   Security Code: _____

Bill to Address: _____

City, State, Zip: _____

Signature: _____

Call: 800-859-5924
Fax: 208-247-0502
Email: info@SpitFireDialers.com
Online: www.SpitFireDialers.com

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