



709 Church Ave
Brooklyn, NY 11218
212.444.1005 sales@savecomtel.com

I, _____, hereby authorize **Savecom Telecom** to charge my:

Visa MasterCard American Express

Card Number: _____

Expiration date: ____/____/____ CCV: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of cardholder: _____

Print name: _____

Date: ____/____/____

- Please keep this card on file for monthly invoices
- Please use this credit card for open balance of \$ _____