



CREDIT CARD AUTHORIZATION FORM

1 Company Name

2 Sprint BSP Channel Manager

SCID#

3 PO #

4 DATE

5 I _____ give Quality One
Wireless permission to charge my Credit Card in the amount of:

6 Name on Card

7 Street Address:

8 City, State Zip

9 Account Number

10 Customer Code

11 Check One

Visa	Mastercard	American Express	Discover
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Place your card here
for a photocopy

Place Credit Card Here and make Copy

13 By signing below you agree to the terms and conditions of the transaction.

14 Card Holders Signature

15 Date

PLEASE FAX THIS COMPLETED FORM TO ACCOUNT DEPT. @ (407) 857-3747

THANK YOU FOR SHOPPING AT QUALITY ONE WIRELESS