

**ALPHA VOICES
PAYMENT AUTHORIZATION FORM**

*Please print this form, fill in the appropriate information and add your signature.
Fax to 646-478-9459 or scan and email to info@AlphaVoices.com. Thank You.*

Client Name:

Billing Address

Street:

City:

State:

Zip:

Phone:

Name as it appears on card:

Card Type (check one): Visa Master Amex

Credit Card Number:

Expiration Date:

4-Digit CID (Amex):

3-Digit CID (Others):

Amount of Charge:

Authorization Signature:

Date:

The information on this form is confidential and will only be used by Alpha Voices.

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