



1567 E. 93rd Avenue
 Merrillville, IN 46410
 Phone (219) 650-5555
 Fax: (219) 650-5557

CREDIT CARD

Authorization Agreement Form for
 Automatic Payment

www.pickmta.com

I wish to place my signature on file for convenient monthly CREDIT CARD payments for Midwest Telecom of America, Inc. (MTA) account charges. I understand MTA will provide me with a separate monthly statement detailing all of my charges and MTA's total monthly charges will appear on my credit card statement. Whenever the credit card being used for this Authorization Agreement expires I will give MTA the new expiration date and no new signature will be required. I understand the credit card account being used in this Authorization Agreement will be charged beyond the expiration date of the credit card associated with this Authorization Agreement and assumed that a new card has been issued to the credit cardholder, unless I notify MTA in writing to cease charging the account. If for any reason MTA's charges are not paid by the credit card company associated with this Authorization Agreement, then it is understood that I am liable for the MTA charges on my monthly invoice for my business/residential account. I understand and agree that MTA's monthly service charges will be deducted from my credit card associated with this Authorization Agreement on the "20th" of each calendar month. If MTA's services terminate prior to the expiration date associated with each applicable service agreement (Early Termination), then I authorize MTA to charge my credit card account associated with this agreement for any early termination liabilities. By signing as the Cardholder or Corporate Officer of the Credit Cardholder I understand and agree to the terms set forth in this authorization agreement and that all information below is correct. The Cardholder also agrees to pay all MTA charges associated with any applicable MTA Service Agreements and/or MTA Commercial Purchase Agreements and specifically authorizes MTA to charge my credit card account for any MTA Services or Early Termination Liabilities.

Credit Card Type:

Visa

MasterCard

Credit Card #		Expiration Date (MM/YYYY):	
Cardholder's Billing Address:		Phone # (ext.)	Fax #
City:	State:	Zip Code:	Country:
Last 3 - 4 digits shown on back of card in the signature panel		(Please print) Cardholder's full name as it appears on card	
Cardholder or Corporate Officer Signature		Date:	

This credit card information is provided to pay for the following MTA account:

Customer's full name or business name:
Customer's Account number:

Please fill out this form completely, either mail to the address above attention Accounts Receivable, or fax to (219) 650-5557 or email to your MTA Representative.

MTA USE ONLY:
 DATE CC INPUT OMNI _____
 Employee's initials _____