



**Credit Card Payment
Authorization Form**

**Global Telematic
Solutions, LLC**

**PO Box 269
Meridian, ID 83680**

**Tel 1-855-487-9679
Fax 1-855-487-9680**

billing@gts.com

Please Type or Print Clearly:

Company Name: _____

Contact Name: _____

Contact Tel: _____ **Fax:** _____

Contact E-Mail Address: _____

'O Addr Shown on Credit Card Bill:

City/State/Zip: _____

Order Amount: \$ _____

Payment Method:

Visa MasterCard Discover Amex

Credit Card #: _____

Expiration: _____ **CV Code:** _____

Cardholder Elects to Provide Expiration Date & CV Code via:

E-Mail (billing@gtsworx.com) Phone (1-855-487-9679)

Print Cardholder Name: _____

Signature: _____

_____ (Initial) I authorize the use of the above credit card for
recurring monthly GTS subscription charges

_____ (Initial) I authorize the use of the above credit card
to pay for future orders placed with GTS

_____ (Initial) I would like to have this order's credit card receipt
_____ faxed to me _____ e-mailed to me

Please Fax

Completed Form to 1-855-487-9680