



AIRWAVES CELLULAR
13400 Riverside Drive; Suite 103
Sherman Oaks, CA 91423
(818) 501-8200 FAX (818) 528-7686
credit@airwaveswireless.com



To: _____ Airwaves Inc. _____ Date: _____
Fax Number: _____ 818-528-7686 _____

**CREDIT CARD AUTHORIZATION FORM
STATEMENT OF UNDERSTANDING**

I, _____ hereby authorize Airwaves Cellular to charge my credit card account for Airwaves Cellular security deposits, equipment rentals, and telephone services (I understand that airtime charges may be billed up to one hundred twenty days after the completion of actual equipment rentals).

Signature of Card Member

Date

Name on Card _____

Cardholder's
Billing Address* _____

Billing Phone _____

Type of Card _____ Expiration Date _____

Credit Card Number _____

Security / Verification Code _____

****Please be sure the address you provide matches the address you have on your credit card account.***

**Please e-mail back with a copy of cardholder's credit card
(both front and back) and drivers license. See above**

*We are committed to protecting your credit card information.
All credit card transactions are processed securely and in compliance with industry standards.*