



CREDIT CARD PAYMENT CONSENT

**Pierce Telephone Co., Inc.
112 South 5th, P.O. Box 113
Pierce, NE 68767**

I authorize Pierce Telephone Co., Inc. to keep my signature on file and charge my credit/debit card for products and/or services received. This authority is to remain in full force and effect until Pierce Telephone Co., Inc. has received written notification from me of its termination in such time and manner as to allow a reasonable opportunity to act on it.

Cardholder Name:	
Credit/Debit Card Number:	(3 #'s on back of card) # _____
Expiration Date:	
Customer:	
Phone Number:	

Cardholder Signature: _____

Date: _____.