



## Credit Card Authorization Form

Please be sure to complete and remit **PAGE 2** of the **Credit Card Authorization Form**.  
**BOTH PAGES OF THE FORM ARE REQUIRED TO PROCESS YOUR ORDER.**

**Copy FRONT of  
Credit Card Here**  
(Must Be Legible)

**Copy Drivers  
License Here**

Concept Cellular Int'l, Inc. only accepts:  
**VISA, MASTER CARD, & DISCOVER**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholders Name: (PRINTED)

\_\_\_\_\_

Billing Address of Cardholder:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize **Concept Cellular Int'l, Inc.** to  
charge the credit card above for the total amount of  
my order.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Concept Cellular Int'l, Inc.  
113 Parkway Drive  
Boerne, TX 78006  
<http://www.cciwholesale.com>  
sales@cciwholesale.com  
(830) 249-8999 P  
(830) 249-8499 F



# CONCEPT CELLULAR INTERNATIONAL

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INCORPORATED

## Credit Card Authorization Form

Please be sure to complete and remit **PAGE 1** of the **Credit Card Authorization Form**.  
**BOTH PAGES OF THE FORM ARE REQUIRED TO PROCESS YOUR ORDER.**

This information will be kept confidential in your order record.

**Copy Back of  
Credit Card Here**  
(Must Be Legible)

By submitting this form, I hereby authorize  
**Concept Cellular Int'l, Inc.** to charge the  
provided credit card for the total amount of  
my order.

3 Digit CVS Code: \_\_\_\_\_

Cardholder Signature:

X \_\_\_\_\_

(Signature must match back of card)

Concept Cellular Int'l, Inc.  
113 Parkway Drive  
Boerne, TX 78006  
<http://www.cciwholesale.com>  
[sales@cciwholesale.com](mailto:sales@cciwholesale.com)  
(830) 249-8499 P  
(830) 249-8499 F

**PLEASE FAX BOTH PAGES OF THIS FORM TO:**

**CONCEPT CELLULAR INT'L, INC.**

**(830) 249 - 8499**