



CREDIT CARD AUTHORIZATION

I, _____, hereby authorize Hill Country Telephone Cooperative, Inc. to charge the monthly bill for telephone number _____ - _____ - _____ to my

Visa Mastercard Discover

credit card:

Account No.: _____

Expiration date: ____ / ____

Name: _____
(as it appears on credit card)

Billing Address: _____
(as it appears on charge card account)

Telephone Contact No. _____ - _____ - _____

I understand that if any changes are made to my credit card account (i.e., expiration date, name and/or address), it is my responsibility to inform you of these changes or payment may not be honored by my credit card company.

Member's Signature

Date

HILL COUNTRY TELEPHONE COOPERATIVE, INC.
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