

PAYMENT AUTHORIZATION



OFFICES IN BRAHAM and MOOSE LAKE

888.383.8837

locally owned . locally operated . local tech support

info@genesiswireless.com

Customer Information :

Customer Name :

Phone Number :

Payment Information :

One Time Charge :

\$ _____

Check number (if applicable): _____

Automatic Monthly Payment :

\$ _____

Requested day of the month for processing: _____

Credit/Debit Card



PLEASE CALL OUR OFFICE FOR

SECURE PROCESSING.

Bank Checking/Savings :

Routing/ABA # : _____ Account # _____

Bank Name : _____ Name on Account : _____

Checking Account Savings Account Business Checking Account

STATE ID NUMBER AND DATE OF BIRTH OF "SUBSCRIBER RESPONSIBLE"

ID NUMBER OR SSN: _____ ISSUING STATE: _____ D.O.B.: _____

I authorize Genesis Technology Communication, LLC d/b/a GENESIS WIRELESS to process the charges and information listed above as specified.

CUSTOMER SIGNATURE

DATE

e-Billing :

SAVE \$3/MONTH - by having your invoice e-mailed to you! A \$3 monthly processing fee will be applied to all accounts receiving mailed invoices.

My preferred e-mail address for invoicing is :