

Credit/Debit Card or Bank Checking/Savings
Payment Processing Authorization Form



205 SW 2nd Street - PO Box 362 - Braham, MN 55006
320.396.2990/local - 888.383.8837/toll-free
info@genesiswireless.com

Customer Information

Customer Name: _____
Phone Number: _____

Payment Information

One Time Charge:
 \$ _____
Automatic Monthly Payment:
 \$ _____ Requested day of the month for processing. _____



Credit Card / Bank Routing Information

Genesis Technology Communication LLC d/b/a Genesis Wireless accepts the follow credit cards: Visa, MasterCard, Discover

Please Circle One:

Visa/MasterCard/Discover



Credit Card Number: _____

Expiration Date: _____ CSC Code (required): _____

Bank Checking/Savings

Routing #: _____ Account #: _____

Cardholder's Name OR Name on Banking Account _____

as shown on credit card or checking/savings account

Cardholder's Zip Code: _____

from credit card billing address

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

Customer Signature

Date

e-Billing:

SAVE \$2/MONTH - by having your invoice e-mailed to you! A \$2 monthly processing fee will be applied to all accounts receiving mailed invoices.

My preferred e-mail address for invoicing is:



When completed, please:
MAIL TO Genesis, P. O. Box 362, Braham, MN 55006
FAX TO (320) 496-9021
Thank you!

