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Estimated Total Monthly Usage

Credit Card Information

Visa MasterCard

Cardholder Name: _____

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

****If a bank outside the US issued the credit card you are providing The Gallant Group, Ltd, please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying****

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize The Gallant Group to charge my credit card, for the telephone services provided. The Gallant Group, Ltd will provide me with an itemized monthly statement detailing all of my charges. I further agree that in the event my credit card becomes invalid, I will provide The Gallant Group with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to The Gallant Group, Ltd.

Signature: _____

Printed Name: _____

Date: _____