

Mail to: (or) FAX: 888-224-1054
AAATS E-mail: CS@aaats.com
P.O. Box 948
Rosemead, CA 91770



Asian American Association Telecom Services Credit Card-Bank Account Consent Agreement

I _____ (PRINT NAME) hereby authorize Enhanced Communications Network Inc d/b/a Asian American Association Telecom Services, hereafter called AAATS to charge my Credit card/debit my Bank Account for my monthly telephone service for the following account number/phone number.

Asian American Association Account # _____

Account Name/Business Name: _____
(as appears on AAATS invoice) (Please Print Name Clearly)

Information below must match with your Credit Card Company's billing information.

Bank Account/Credit Cardholder's Name:(as appears on card) _____

Bank Account/Credit Cardholder's Billing Address: _____

City _____ State _____ Zip _____

Type of Card: Visa - Master Card- Discover- AMEX- Bank Account-

Credit Card Information:

Credit Card # _____ - _____ - _____ - _____

Security Code _____ (3 or (4 if AMEX) digits on the back of the card)

Credit Card Expiration Date _____

Credit Card billing E-mail address: _____

Bank Account Information:

Bank Name: _____

Type of Account:(Checking/Savings) _____

Bank Routing Number: _____

Bank Account Number: _____

By Signing below, I acknowledge that I authorize AAATS to automatically charge my credit card/ debit my Bank Account for my Telephone Services per the amount listed on the monthly invoice. I understand that the monthly invoice amount will vary. This authorization is to remain in force until AAATS has received written notice of its termination from me and AAATS will have 10 business days on which to enact this termination of the consent form. AAATS or the financial institution, where applicable each reserve the right to terminate this service at any time. I also agree that the billing address above is valid and that I am the authorized cardholder for the above listed credit card. I ALSO AGREE NOT TO FILE A CHARGEBACK WITHOUT NOTIFYING AAATS AHEAD OF TIME AND ALLOWING FOR A RESOLUTION.

Authorized Signature: _____ Date _____