DIAMONDVOICE

Select Service Type: Choose Service Type

SERVICE BILLING AUTHORIZATION

Service for: _____ _____ _____
Company Name *Contact* *Telephone*

_____ _____
Email *Fax*

->Please complete only one of the sections below for your billing preference.<-

CREDIT CARD BILLING AUTHORIZATION

I did not appear in person at DIAMOND VOICE Messaging to present my credit card and do authorize by my signature any and all valid charges made on my credit card by DIAMOND VOICE Messaging. I understand my credit card will be billed monthly in advance for services rendered and so authorize said billing as well as additional usage charges as they occur. I hereby affirm that I have read and agree to abide by the Terms and Conditions of Service as published on www.diamondvoice.com I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

CC type: Choose Card *CC Number*_____ *Exp:*

*Name of Credit Card holder:*_____ *Security Code*_____
(As appears on the card)

*Address:*_____ *City*_____
(As appears on the statement)

*State:*_____ *Zip:*_____ *Fed ID #:* _____

X_____
Signature of Credit Card Holder *Date*

BANK DRAFT/ACH DEBIT AUTHORIZATION

Please complete all the following information. Your account cannot be processed if incomplete.

*Account Name:*_____ *Bank Name:* _____

*Person(s) Authorized to Sign Checks:*_____ *Bank Phone:*_____

Customer address: _____ *City*_____

*State*_____ *Zip*_____ *Fed ID #:* _____

Account Number: _____ Routing Number: _____

I (We) understand that my (our) checking account will be billed monthly in advance for services rendered and so authorize said billing as well as additional usage charges as they occur. I (We) understand that charges declined by the financial institution that maintains this checking account will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures.
I hereby affirm that I have read and agree to abide by the Terms and Conditions of Service as published on www.diamondvoice.com
You are hereby authorized to draw drafts of ACH debits from time to time on the account maintained by me(us) at the above named financial institution for payment to Diamond Voice L.L.C. dba Diamond Voice Messaging & Information (Diamond Voice) for the services provided to me (us) by Diamond Voice. It is agreed that:

(1) Diamond Voice shall incur no liability if the balance in the account is insufficient to cover any draft upon presentation.
(2) The canceled draft, bank debit memo account statement will constitute a receipt for the payment of the specific amount.
(3) Drafts returned unpaid or marked NSF may be subject to a $25 Returned Draft Fee.
(4) This agreement shall continue in effect unless and until terminated by either Diamond Voice or the customer by written notice to the other party. In addition, Diamond Voice may terminate the agreement immediately if any draft of the ACH Debit is not paid upon presentation.

X_____
Authorized Signature Date

Notice to Bank Debit Customer: A voided sample check or deposit slip must accompany this form.