

Credit Card Form
Thumb Alarm Systems Inc.
Shoreline Investment Services Inc./A Communications Connection Co.
Po Box 664
Lapeer, MI 48446
810-664-0465 Accounting /810-664-0588 Fax

I am giving Thumb Alarm Systems Inc. /Shoreline Investment Services Inc. authority to charge my credit card, Visa, Discover, or MasterCard, for my monitoring services and I give them authority to adjust any incorrect charges that may occur. I will need to sign; print and date this original document and return it to Thumb Alarm Systems Inc./ Shoreline Investment Services Inc. accounting department. If I wish to cancel this service, I will need to send written notice 60 days prior to the charge to the accounting department. If my credit card is declined, Thumb Alarm Services Inc./Shoreline Investment Services Inc. has the right to try the card for a second day. If at that point the card does not get authorized, we at Thumb Alarm Systems Inc./Shoreline Investment Services Inc. will contact you the client to discuss other options for payment.

Date: _____ Thumb Alarm Account Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Alternate Number: _____

Email Address: _____

Credit Card Number: _____

Visa: _____ MasterCard: _____ Discover: _____ Expiration Date: _____

V-Code -3 digit code on back of card: _____

Address that the credit card statement goes to: _____

Because we are entering the card manually, entering the billing address is a safety question the machine will ask.

Monthly: _____ Quarterly: _____ Semi Annually: _____ Annually: _____

Signature: _____

Date: _____

Please sign and date this document and return to our accounting department.
Thank you for your business!

