

Credit Card Authorization Form			
Cardholder Name:			
InteliPhone Toll-Free Number:		(       )	
Billing Address:			
City:			
State/Province:		ZIP/Postal Code:	
Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX	Card Number (Last 4 Digits Only): XXXX_____	
Credit Card Expiration (MM/YY):			
<p><i>I hereby authorize Emergence Corporation to charge the credit card account listed above as payment for the InteliPhone Services to which I have subscribed.</i></p> <p style="text-align: center;"><b>InteliPhone Account Number:</b> _____</p> <p><i>This authorization shall remain in effect until my account is cancelled, or until rescinded by me in writing.</i></p>			
_____	_____		
Signature	Date		

**Instructions:**  
 Complete this form and fax to Emergence Attn: Accounting Department at (877) 332-2879

or mail to:     Emergence Corporation  
                      Accounts Supervisor  
                      5830 Settlers Pl  
                      Dublin, OH 43017