

Our Cable, LLC
2436 E. 117th Street
Burnsville, MN 55337
877-873-8715

CREDIT/DEBIT CARD AUTHORIZATION FORM

Name: _____ Cable Acct# : _____

Credit/Debit Card Number: _____

Credit/Debit Card Type: Visa - Mastercard - American Express - Discover

Expiration Date: ____/____ Name on card: _____

I hereby authorize Our Cable, LLC to charge my monthly cable bill to the credit/Debit card listed above.

Signature: _____ Date: _____

*Payments will be taken out on the 10th of each month (if the 10th falls on a Saturday it will be taken out on the 9th, if the 10th falls on a Sunday it will be taken out on the 11th).

Please mail this form back to:

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