ALYON Technologies

No Authorization Affidavit

Send completed Affidavit to:Alyon TechnologiesPO Box 923299Norcross, GA 30010-3299

Customer Information:

Name:
Address:
City/State/Zip Code:
Home Phone Number:
Work Phone Number:
Alyon Technologies Account Number:
Alyon Technologies Billing Phone Number:

Dispute Information:

Nature of Disputed Charges: I am the line subscriber (the person responsible for the bill) for the telephone number being billed. I never personally accessed the service nor authorized anyone else to access the service.
Amount of Disputed Charges: $
Date(s) of Invoice in Dispute:
Give a brief explanation of the dispute:
If you need additional space, please use the reverse of this form. Responses will be sent to the addresses listed on the account. To be eligible for a credit, you must affirm that the information you are submitting is truthful and accurate to the best of your knowledge. Please be aware that in an agreed Order approved by the Federal Court for the Northern District of Georgia and the Federal Trade Commission, Alyon has retained all of its legal rights to pursue appropriate legal action against any consumer who submits an untruthful affidavit.

I declare that the foregoing is true and correct to the best of my knowledge and make this statement subject to the penalties for perjury under 18 U.S.C. § 1001 and 28 U.S.C. §1746, which provide for a possible fine or imprisonment of not more than five (5) years, or both.

_____Signature _____Print your name _____Date