


# Credit Card Authorization Form

# Recurring Monthly Charges for COMPANY NAME

|  |
| --- |
| Date: |
| Company Name: |
| Customer Account Number: |
| Credit Card Type: □ Visa/MasterCard □ American Express □ Discover |
| Cardholder’s Name (as shown on credit card): |
| Card Billing Address: |
|  |
| Amount:  |  | \* |
| \*This amount represents the initial recurring monthly charge (as of the date signed). In the event you alter the product order, the recurring charge will differ. |
| **AUTHORIZATION** I hereby authorize COMPANY NAME to charge the indicated credit card monthly for fees associated with services provided, including, if necessary, adjustments for any changes to my account. I agree that the periodic charge will be applied to my credit card according to my COMPANY NAME account billing cycle, and in order to cancel the recurring billing process, I am required to contact COMPANY NAME one (1) month in advance to either cancel the associated COMPANY NAME account, or arrange for an alternative method of payment. I understand that COMPANY NAME will not mail me any invoices or bills. I agree that if I have any problems or questions regarding my account or any services provided by COMPANY NAME, I will contact COMPANY NAMEfor assistance. I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with COMPANY NAME. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with COMPANY NAME.  |
|  |
|  |  |  |  |
| Signature of Card holder |  | Date signed |  |

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