



Credit Card Authorization Form

Choose Your Option Below:

Recurring Billing

I understand my credit card will be billed monthly in advance for services rendered and so authorize said billing as well as additional usage charges as they occur. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

Single Billing

I authorize my credit card to be billed for a one-time charge or in lieu of a deposit. No additional billings are authorized unless I fail to pay for future services in which case the outstanding balance may be billed to the credit card account listed below. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

Please complete all the following information. Your account cannot be processed if incomplete.

Check Type of Credit MC VISA DISCOVER AMEX

Last Four of CC Number: _____ **Exp. Date:** _____

Name of Credit Card Holder: *(As appears on the card)*

Address: *(As appears on the statement)*

City: _____ **State:** _____ **Zip:** _____

Contact Phone: _____

Product or Service: _____

Charge: _____

Signature of Credit Card Holder

Date

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my card company; so long as the transaction corresponds to the terms indicated in this form.