

# Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

## Customer Information (to be completed by merchant)

Customer/company \_\_\_\_\_

Contact name \_\_\_\_\_

Account number \_\_\_\_\_

Email address \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Ext: \_\_\_\_\_

## Payment Information (to be completed by merchant)

I authorize \_\_\_\_\_

to automatically bill the card listed below as specified:

Product/service description \_\_\_\_\_

Recurring amount \_\_\_\_\_

Frequency

(check one)

Once

Daily

Weekly

Twicemonth

Monthly

Quarterly

Start on \_\_\_\_\_

Month

Day

Year

End on:

(check one)

Month

Day

Year

No end date

## Credit Card Information (to be completed by customer)

Card type

MasterCard

VISA

Discover

AMEX

Other \_\_\_\_\_

Cardholder name \_\_\_\_\_

(as shown on card)

Cardholder ZIP Code \_\_\_\_\_

(from credit card billing address)

Card number \_\_\_\_\_

CVC Number \_\_\_\_\_

Expires \_\_\_\_\_

/

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature \_\_\_\_\_

Date \_\_\_\_\_

customer merchant