



# 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)	<input type="checkbox"/> Once <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Start on _____ / _____ / _____	End on: <input type="checkbox"/> _____ / _____ / _____ <input type="checkbox"/> No end date

Credit Card Information (to be completed by customer)	
Card Type	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
Cardholder Name: _____ (as shown on card)	Cardholder Zip Code: _____
Card number: _____	Expires _____ / _____
<input type="checkbox"/> Notify me via email when my credit card is charged. (Make sure email address above is correct)	
_____	_____
Customer's Signature	Date