AUTOMATIC BILLING AUTHORIZATION FORM

Company Name: _____ ID Number: _____

FROM CREDIT CARD

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account   **Secondary Card Account**

_____   _____
Name on credit card (exactly as printed)   Name on credit card (exactly as printed)

_____   _____
Billing Address for credit card (Street, Apt. #)   Billing Address for credit card (Street, Apt. #)

_____   _____
City, State Zip   City, State Zip

_____   _____
Credit Card Number   Credit Card Number

_____   _____
                  Expiration Date   Expiration Date

_____   _____
Credit Card Type   Today's Date   Credit Card Type   Today's Date

_____   _____
3 Digit Security Code   3 Digit Security Code

_____
Amount Charged

_____   _____
Signature   Date

☑ I all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

☑ is authorization is valid until I provide you with written cancellation.