

## Recurring Billing Authorization Form

We provide the convenience of automatic billing. Simply complete and sign the Credit Card Information section below. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and charges will appear on your monthly credit card statement and continue one full year from starting date. You may cancel this automatic billing authorization at any time by contacting us. If the billing is cancelled before 12 payments are received, a \$100.00 cancellation charge is required. Planned maintenance agreements are automatically renewed each year unless cancelled in writing by either party with thirty (30) days prior written notice.

### Customer Information

Customer Name: _____		
Phone: _____	Cell: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Email Address: (Notice of Billing Sent Monthly) _____		

### Payment Information

I authorize the above company to automatically bill the credit card listed below as specified:

Starting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Total Monthly Amount: \$ \_\_\_\_\_

### Credit Card Information

Credit Card Type:    MasterCard    Visa    AmEx    Discover

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Cardholder Name: \_\_\_\_\_ CVC# (on back): \_\_\_\_\_

Cardholder Address if different from above: \_\_\_\_\_

\_\_\_\_\_

### Credit Card Agreement

I hereby authorize the above company to charge the indicated credit card for service provided. I agree that this is a periodic charge that will be made according to my billing cycle and in order to terminate the recurring billing process I must either cancel my Planned Maintenance Agreement in writing, or arrange for an alternative method of payment. I understand that all Agreement cancellations for which an active recurring billing authorization exists must be made according to the requirements of the Planned Maintenance Agreement, which I have read and understand. I agree that any credits issued for any reason will not be refunded to my credit card, but instead deducted from my next bill. I agree that if I have any problems or questions regarding my Agreement, I will contact the Company for assistance, using the contact information provided to me on the Planned Maintenance Agreement Form. I agree that I will not dispute any valid charges unless I have already made an effort in good faith to rectify the situation directly, and those efforts have failed. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this recurring agreement with the Company. **REQUEST TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO TERMINATION.**

\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_