



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 I 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.

Credit Card Type: Visa MasterCard Discover American Express

Last Four of CC Number: _____ Expiration Date: _____

Print Name of Card Holder: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Products or Services: _____

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 of the service agreement