

Automatic Credit Card Billing Authorization Form

Please 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, 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 customer)

Business Name: _____

Phone: _____

Payment Information (To be completed by merchant)

Frequency: Monthly Yearly **OR INVOICE #:** _____

Start Billing on: Next Billing Cycle **End Billing when:** Customer provides written cancellation

Credit Card Information (To be completed by customer)

Information Point Technologies accepts the following credit cards: Visa, MasterCard

Credit Card Type: _____ **Credit Card Number:** _____ **Expires:** _____ / _____

CVC: _____
(3 digit number on the back of card)
(For AMEX- 4 digit number on the front of card)

Cardholder's name: _____
(as shown on credit card)

Cardholder's Billing Address (required): _____

(credit card billing address)

Customer's Signature: _____

Date: _____

----- FOR INTERNAL OFFICE USE -----

Cust MemTR Auto CC Mgmt Web