

# 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

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

- Bill 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.
- This authorization is valid until I provide you with written cancellation.