



6396 Green Valley Lane \* Lockport, NY 14094 \* (716) 727-8844

## **Credit Card Authorization Form**

### RECURRING Monthly Business Owner Package Charges

Customer's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

MC \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Personal Credit Card \_\_\_\_\_ -OR- Business or Corp Credit Card \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Company Name \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Card Billing City, State, Zip \_\_\_\_\_

Notice to cardholder (please read before signing): Cardholder agrees that his/her signature on this form constitutes his/her signature on file and becomes his/her agreement to pay all charges as signed by the cardholder and that Brien's Business Umbrella is authorized to charge the identified account of Cardholder. I understand that in the event 1.) My credit card expires or 2.) The charges for my monthly planning changes, and I desire to continue the service planning, I will be required to fill out another credit card authorization form.

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ CVS # (Code on Back) \_\_\_\_\_

I authorize, as signature below represents, the above credit card to be charged each and every month until such time as I wish to cancel my Services Contract.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_