



**Automatic Billing Credit Card Authorization Form**

Thank you for using the Automatic Bill Payment Options for your agreement with 94 HUNDRED Corporate Center. Please complete the credit card information section below and sign at the bottom of this form.

**Please note: All requested information is required!**

Upon commencement of services we will automatically bill your credit card for the amount of your invoice and the charges will appear on your monthly credit card statement. There will be a 2% processing fee per transaction based on your total amount due for Visa, MasterCard, Discover and a 2.89% fee for American Express.

**Customer Information**

Customer Name: \_\_\_\_\_  
Last First Mi

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

Phone Number: \_\_\_\_\_ Mobil: \_\_\_\_\_

**Payment Information**

Amount: **BALANCE OF MONTHLY INVOICE** Frequency: **THE FIRST OF EACH MONTH**

Billing Begins: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Billing Ends: **BASED ON THE PROPER TERMINATION OF CONTRACT AS SPECIFIED BY THE CLIENT'S AGREEMENT**

**Credit Card Information**

94 HUNDRED Accepts the following credit cards:

- VISA
- MASTERCARD
- AMERICAN EXPRESS

Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_  
(Back of Card)

Expiration Date: \_\_\_\_ / \_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_  
Last First Mi

Credit Card Address: \_\_\_\_\_  
Street Address Apt.#/STE/Dept.

\_\_\_\_\_  
City State Zip Code

By signing below, I authorize 94 HUNDRED Corporate Center to automatically bill the credit card listed above for monthly charges.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_