



RECURRING CREDIT CARD PAYMENT AUTHORIZATION FORM

For your convenience, we offer automatic recurring billing to your credit card account. Please complete the credit card information below. Upon approval, we will automatically bill your credit card for the amount indicated and/or invoices generated for the month. Charges will appear on your monthly credit card statement. You may cancel this recurring credit card payment at any time by contacting us in writing via email or mail.

CREDIT CARD INFORMATION (TO BE FILLED OUT BY CUSTOMER)

Company/business name:

Cardholder Name (as shown on card):

Card Type: ___MasterCard ___Visa ___Discover ___American Express ___Other ()

Card #:

Expiration Date:

CID:

Billing Address:

Bill Zip Code:

Customer Signature:

Date:

PAYMENT INFORMATION

I authorize MacCarb Inc. to automatically bill the card listed above as specified:

Product/Service Description:

Recurring Amount (if applicable):

Frequency:

___Prepay

___Net 15 Days

___Net 30 Days

___Auto Pay

City:

State:

ZIP Code:

State Date:

End Date:

___No End Date (continual)

MERCHANT INFORMATION (FOR OFFICE USE)

Company/customer:

Customer #:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail: