



AUTOMATIC BILLING AUTHORIZATION FORM

FROM CREDIT CARD:

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Name on credit card (exactly as printed)

Billing Address for credit card (Street, Apt. #)

City, State, Zip

Credit Card Number (Visa or Master Card ONLY)

Expiration Date (Month/Yr.)

Signature

Today's Date

Bill all charges to the above card. Since the payment amount may vary, I will receive written notification/statement of the amount prior to billing. All credit card charges will be processed on the 28th of each month.