



Authorization Form

Automatic Credit Card Charges

Please sign and return today to avoid delays.

Date _____ Client ID Number _____

Client Name _____

Contact Name _____

Phone _____ Fax _____

• **Please Check the Appropriate Boxes**

- Monthly Fees and/or Web Hosting* Only:** I authorize chrisad to automatically charge the monthly fee and/or web hosting* on approximately the 20th of every month.
- Card on File Only:** I authorize chrisad to keep my credit card on file for future use.
- BOTH:** I authorize chrisad to automatically charge the monthly fee and/or web hosting* on approximately the 20th of every month, and I authorize chrisad to keep my credit card on file for future use.

**Web Hosting if applicable*

VISA/Mastercard/Discover CC#: _____ exp. date _____

American Express CC#: _____ exp. date _____

Additional VISA/Mastercard/Discover CC#: _____ exp. date _____

Additional American Express CC#: _____ exp. date _____

Billing Address for credit card statement (if different from practice address):

Street _____

City _____ State _____ Zip _____

Please notify us if your credit card numbers change.

All modifications/requests related to this document must be in writing directly from the client.

Signature of Cardholder Date _____