**Austell Storall, LLC.**

**5528 June Dr., Austell, GA 30106 470-243-0098**

**Credit Card on File Authorization Form**

This form is for you to supply Austell Storall, LLC with credit card information to keep on file for the recurring payment for all services and fees. A new form must be completed for each card kept on file. Your credit card information is kept confidential and secure.

**Credit Card Information**

**Card type**: \_\_\_\_\_\_\_\_ Visa / \_\_\_\_\_\_\_ Mastercard / \_\_\_\_\_\_\_ Discover / \_\_\_\_\_\_\_AmEx

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

Expiration Date (MM/YY) \_\_\_\_\_/\_\_\_\_\_ CVV Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

I (we) the undersigned, hereby authorize and request Austell Storall, LLC to charge the credit card above for the payment of all services and fees on the first of every month. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants may revoke this credit card on file by submitting a 30 day written request to the address on the top of this form. I understand that any amount owed at the time of cancellation will be charged to this credit card. A new form must be submitted if any information such as credit card expirations or authorized user name is amended. Applicants agrees to pay cost for any returned or challenged payments.

Customer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_