Phillips Foundation Auto & Storage Center

23855 E.26th Avenue Aurora, CO 80019 Phone: (303) 261-4450 Fax: (303) 261-4197

Credit Card Recurring Payment Authorization Form

By signing this form you authorize Phillips Foundation Auto & Storage Center to complete regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that month. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided.

I aut (full name)	thorize Phillips Foundation Auto & Storage Center to charge my credit
indicated below on the ${(\text{day or date})}$ of each	ch month for payment of(description of goods/services)
I understand that a \$15.00 processing fe	ee will be applied per transaction.
Billing Address	Phone#
City, State, Zip	Email
Account Type: Uisa Mas	sterCard
Cardholder Name	
Account Number	
Expiration Date	
CVV (3-digit number on back of Visa/MC,	, 4 digits on front of AMEX)
CICNATURE	DATE

I authorize Phillips Foundation Auto & Storage Center to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.