**CREDIT CARD BILLING AUTHORIZATION FORM**

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| **Credit Card Billing Information:** |
| **NAME / COMPANY NAME:** |  |
| **Person Authorizing:** |  |
| **Credit Card Type:** | Visa [ ] MasterCard [ ]Amex [ ] Discover / Novus [ ]Maestro [ ] Other, please specify:  |
| **Issuing Bank:** |  |
| **Credit Card Number:** |  |
| **Enter CVC (Security Code):** |  |
| **Expiration Date:** |  |
| **Billing Address:** |  |
| **City:** |  |
| **State/Province:** |  |
| **Zip/Postal Code:** |  |
| **Country:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Please select one of the Following Payment Options:** |
| **Once** | Bill my credit card once for the following amount: |  |
| Please apply this payment to the following Insertion Order/Invoice #: |  |
| **Monthly** | Bill my credit card once per month for the following amount: |  |
| **Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at company’s discretion if any charges are declined or chargebacks are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.****Any changes in the status of this card can also be reported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |

**The undersigned is the duly authorized representative of .**

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_ /18**

**PO BOX 6063, BUFFALO GROVE, IL 60089 (847) 537-2326 INFO@UPNADAMIL.COM**