



CREDIT CARD AUTHORIZATION FORM

** Please read and sign this form for Terms and Conditions of 15/30 day net invoicing. TTS require a Visa, MasterCard or American Express card be put on file for all clients that wish to pay invoices without putting down a deposit. By signing below, you authorize TipTop Staffing to initiate a one-time automatic withdraw of \$5 from the account at the financial institution named below. The \$5 will be credited back to you on your invoice if you should choose to pay with a different method.

Your credit card will be charged automatically for any outstanding invoices that are sent to you and are more than 10 days late. A late fee of \$30.00 or 10% of invoice whichever is greater, will be applied to any payment paid after the invoiced terms. There will be a 4% service charge added to your total invoice for all credit card payments.

Name for the Account

Company/ Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax# _____

Email Address: _____

Card Type: (circle one) Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ CV Code: _____

Name on Card: _____

Signature of Card Holder: _____

Billing address for card holder: _____

Name of person providing card information:

(Please Print) _____

(Signature) _____

(Date) _____

** By sign this contract, you are acknowledging these terms and conditions for your account and any current or future orders. If charges are charged by TTS and reversed by client, client agrees if TTS is forced to seek legal recourse to enforce any provision hereof, TTS shall be entitled to recover any and all reasonable attorney's fees and costs in connection with the action or proceeding.

If you prefer the card provided be for all payments, please sign and date here.

Accepted by: _____ Date: _____