



## Marshall's Inside Connections, Inc. Credit Card Authorization Form

Your credit card is automatically drafted to make your payment. You always have an exact record because your payment will be reflected on your credit card bill and an email will be sent letting you know that your transaction has been successfully completed.

Customer Name: \_\_\_\_\_ Account # -or- A/R # \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Draft Amount: \_\_\_\_\_ Frequency: M / Q / Y

Type of credit card: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover

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

Billing address (for above credit card): \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ - \_\_\_\_\_

V # on back of card: \_\_\_\_\_ (last 3 digits located in the signature space on back of card)

Name of authorized cardholder: \_\_\_\_\_

Signature of authorized cardholder: \_\_\_\_\_

I hereby authorize Marshall's Inside Connections, Inc. to initiate debit entries to my account at the FINANCIAL INSTITUTION indicated above each month. I understand that this authorization will remain in full force and effect until I notify Marshall's Inside Connections, Inc. and the FINANCIAL INSTITUTION in writing that this service is no longer desired, allowing both Marshall's Inside Connections, Inc. and the FINANCIAL INSTITUTION reasonable time to act on such notification.

I also understand that if corrections in the debit amounts are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying the FINANCIAL INSTITUTION prior to the account being charged. If an erroneous debit entry is charged to my account, I have the right to have the amount of such entry credited to the account by the FINANCIAL INSTITUTION, if, within 15 calendar days following the date on which FINANCIAL INSTITUTION sent me a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give the FINANCIAL INSTITUTION a written notice identifying such entry, stating that it is in error and requesting credit back to my account.

I understand it is my responsibility to notify Marshall's Inside Connections, Inc. if I change account numbers or credit card companies by Mailing/Faxing/Email a new authorization form. I agree that if my credit card company refuses payment after three consecutive attempts on separate days, a \$5 late fee may be applied to my account.

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