



Credit Card Authorization Form

Please complete all fields. All payments will be processed between the 15th and 20th of the month.

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX
 Other _____

Card-holder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

CVV Code _____

Cardholder ZIP Code (from credit card billing address): _____

Email address for receipt: _____

I, _____, authorize **Simplify Optics, LLC** to charge my credit card above as noted below (select all that apply)

Automatically pay invoice in full between the 15th and 20th of the month

Please call/email _____

at _____ to confirm.

I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date