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PAYMENT AUTHORIZATION FORM:

CARD HOLDER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD TYPE:  Visa  Mastercard  Discover  American Express

CREDIT CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPERATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECURITY CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 RECURRING CHARGE: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Lighthouse Small Business Solutions to charge the agreed amount listed above to my credit/debit card on the 1st day of every month for the services I have requested. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.*

 PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that this authorization will remain in effect until I cancel the agreement with Lighthouse Small Business Solutions in writing. I agree to notify Lighthouse Small Business Solutions of any changes to my payment information at least 10 days prior to the next payment authorization period. I am the authorized user of this payment card and will not dispute the scheduled payments outlined above.*

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_