



20 Towne Drive #147
Bluffton, SC 29910
843-815-8520

2734 Beaver Run Blvd B33
Surfside Beach, SC 29575
843-491-4105

Credit Card Recurring Payment Authorization Form

Please complete the information below:

I _____ authorize Lowcountry Computer Guy to charge my credit card
(full name)

indicated below (previously phoned in to our office) on the day of each renewal or service for payment of my subscribed products, remote services or outstanding balances.

I understand that I will only receive advance notice of the charge if it exceeds \$200. If the amount exceeds \$200, I will receive an invoice via email. I understand that I will need to reply to the email with an approval or dispute. I further understand that if I have not replied either with approval or dispute within 14 days, my card will be automatically charged.

I understand that I need to cancel any subscribed products (i.e., Office 365, Protection Plans, Virus Protection, Malwarebytes, VPN or Password Mgmt, etc.) at least 30 days prior to renewal in writing and that once charged, these charges are nonrefundable.

I understand that I must keep credit card information up to date, within 30 days of change, if any information changes (i.e., compromised acct or new card issue, address change, etc.) to avoid processing charges.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number (Last 4 Digits) _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.