



Amermak Inc.  
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 credit@makline.biz

### Recurring Payment Authorization Agreement

Schedule your payment to be automatically charged to your Visa, MasterCard or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your credit card. A receipt for each payment will be sent to you and the charge will appear on your bank statement as an "Amermak Inc. ACH Debit."

Name of Business \_\_\_\_\_ Email \_\_\_\_\_

D/B/A \_\_\_\_\_ Phone # \_\_\_\_\_  
(Area Code & Number)

Billing Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Delivery Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_ Business License # \_\_\_\_\_

OWNERSHIP:  Sole Proprietorship  Partnership  Corporation  LLC  Limited Partnership  Franchise \_\_\_\_\_ -Other  
 Federal Tax ID # \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Tax Exempt:  Yes  No - If Yes, tax exempt number \_\_\_\_\_ (Tax Certificate must be filled out or attached to the back of this document)

Principal: \_\_\_\_\_  
(Name) (Title) (Phone) (Email)  
 \_\_\_\_\_  
(Home Address) (City/State/Zip) (Driver's License #) (Social Security #)

Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV (last 3 digits) \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_ Card Billing Address and Zip \_\_\_\_\_

How do you want your receipt sent?  E-mailed (write in email address) \_\_\_\_\_  Mail to Billing address  Mail to Delivery address

I authorize Amermak, Inc. d/b/a Makline to charge my credit card indicated above as payment for charges on my account.

- I prefer to be charged at the time orders are shipped/services rendered.
- I prefer to be charged monthly for the balance due on my account. Please charge my card on \_\_\_\_\_ each month.

**TERMS & CONDITIONS: Recurring Payment Authorization.** I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Amermak Inc., d/b/a Makline in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Amermak Inc., d/b/a Makline may at its discretion attempt to process the charge again within 30 days, and agree to an additional fifty-dollar \$50 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. All accounts 30 days past due will be assessed an initial penalty of 5% of the outstanding balance plus interest accrued at an annual rate of 18% or the maximum rate allowed by law. I agree to pay any and all cost incurred by Amermak Inc., for collection of any amount not paid by the company, entity, or person named above, including but not limited to, any court cost and reasonable attorney fees incurred in any appeal. The company, entity, or person named above acknowledge that Jurisdiction of the enforcement of any transactions made pursuant to this agreement shall be performed in the county of Knox, State of Tennessee. All transactions taking place pursuant to this credit application shall be performed in the county of Knox, State of Tennessee. The laws and decisions of the State of Tennessee shall govern all transactions taking place between the parties.

I declare that the information provided is true and correct to the best of my knowledge.

**FOR PURPOSES OF THIS CREDIT APPLICATION, A FACSIMILE OR EMAIL SIGNATURE SHALL BE DEEMED TO BE AN ORIGINAL.**

\_\_\_\_\_  
(Card Holder Signature)

\_\_\_\_\_  
(Print Name Clearly)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)