



Doggone Good Eats, LLC
doggonegoodeats@gmail.com
www.doggonegoodeats.com

Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided to you for each scheduled payment.

Please complete the below information

I _____
(full name) _____ authorize **Doggone Good Eats, LLC** to charge/debit my account indicated below on the _____ of each **MONTH** for payment of my **monthly dog treat subscription**.
(day or date)

Billing Address _____

Phone # _____

City, State, Zip _____

Email _____

Credit Card

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Signature _____

Date _____

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify **Doggone Good Eats, LLC** in writing of any changes in my account information or termination of this authorization at **least 25 days prior to the next billing date**. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute the scheduled transactions with my credit card Company; provided the transactions correspond to the terms indicated in this authorization form.