



ASSESSMENTS 24x7

A Global Leader in Online Assessments

Credit Card Authorization Form

Assessments 24x7 LLC accepts MasterCard, Visa, and American Express.

Name on Card

Company Name
(if company account)

Phone Number:

Statement Address:

Credit Card Information:

Credit Card Type:

Mastercard | Visa | Amex

Card Number:

Expiration Date:

CVV:

I hereby authorize Assessments 24x7 LLC to charge this credit card for the DISC Benchmarking & Fitness Report System that I may accrue from month to month or any past due balances in order to bring my account to current status. This authorization is valid until revoked in writing.

Your Name: _____

Signature: _____

Date: ____ / ____ / ____

Once completed please scan & email this form to:

DrTony@Assessments24x7.com

You can cancel at any time. For cancellations please email support@assessments.ws.