



# **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](mailto:DrTony@Assessments24x7.com)**

*You can cancel at any time. For cancellations please email [support@assessments.ws](mailto:support@assessments.ws).*