



Dear Customer –

Please complete the below form to enroll in credit card auto pay. With this feature, we will store your card information in a secure electronic file and automatically charge it each time you have an invoice with us. You will receive a copy of the invoice as soon as it is created and a credit card receipt after the transaction has been processed.

You may return the form directly to our Accounting Office by mail, email or fax using the contact information at the bottom of the page.

Thank you!

Sarah Bruns
Accounting Coordinator
D: 605-696-5665

brookings.accounting@sgs.com

Type of Credit Card:	Amex <input type="checkbox"/> Visa X <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/>
Customer/Company Name:	Chris Olson
Address: street city, state, zip	1106 44 street NW Watertown, SD 57201
Phone:	605-233-1323
Card Holder's Name (name on front)	Theresa M Olson
Email Address:	olsonseed@itctel.com
Card Billing Address: street city, state, zip	1106 44 street NW Watertown, SD 57201
Credit Card Number:	4037 6600 3672 9945
3 Digit Security Code (on backside)	740
Expiration Date:	10/19
Cardholder Signature and date:	X <i>Tha</i> 8-15-2018

ACC007AR Credit Card Auto Pay Form

Version 2

Revision Date: 10/14/2015

SGS North America, Inc. 236 32nd Ave. • Brookings SD 57006 • t (877) 692-7611 • f (605) 692-0977 • www.sgs.com

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