**<Insert Logo Here>**

< Street Address>

< City State Zip>

< Phone Number>

**Credit Card Recurring Payment Authorization Form**

Schedule your payments to be automatically charged to your credit 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
* You can get Rewards Points for paying your bill

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

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover 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 if the total payment is under <insert $>. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I Danny Row authorize <Insert Business Name> to charge my credit card.

(full name)  
  
indicated below on the \_\_\_\_\_\_\_\_ of each <insert frequency> for payment of my <insert type of bill>.

(day or date)

I understand that I will only receive advance notice of the charge if it exceeds <insert $>.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type:  Visa  MasterCard  Amex  Discover  Cardholder Name Dannt Row  Credit Card Number 4425771226661473  Expiration Date 0822  CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) 345 |

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

| Contoso, Ltd.Credit Application | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name: Danny Row | | | | | |
| Date of birth: | | SIN:782047112 | | Phone: | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | How long? |
| Previous address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | How long? |
| Employment Information | | | | | |
| Current employer: | | | | | |
| Employer address: | | | | | How long? |
| Phone: | E-mail: | | | Fax: | |
| City: | | State: | | ZIP Code: | |
| Position: | | Hourly Salary (Please circle) | | Annual income: | |
| Previous employer: | | | | | |
| Address: | | | | | How long? |
| Phone: | E-mail: | | | Fax: | |
| City: | | State: | | ZIP Code: | |
| Position: | | Hourly Salary (Please circle) | | Annual income: | |
| Name of a relative not residing with you: | | | | | |
| Address: | | | | | Phone: |
| City: | | State: | | | ZIP Code: |
| Relationship: | | | | | |
| Co-Applicant Information, if for a joint account | | | | | |
| Name: | | | | | |
| Date of birth: | | SSN: | | Phone: | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | How long? |
| Previous address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | How long? |
| Employment Information | | | | | |
| Current employer: | | | | | |
| Employer address: | | | | | How long? |
| Phone: | E-mail: | | | Fax: | |
| City: | | | State: | ZIP Code: | |
| Position: | | | Hourly Salary (Please circle) | Annual income: | |
| Previous employer: | | | | | |
| Address: | | | | | |
| Phone: | E-mail: | | | Fax: | |
| City: | | | State: | ZIP Code: | |
| Position: | | | Hourly Salary (Please circle) | Annual income: | |
| Application Information Continued | | | | | |
| Name of a relative not residing with you: | | | | | |
| Address: | | | | | Phone: |
| City: | | | State: | | ZIP Code: |