docubank

CREDIT CARD AUTHORIZATION

I AM PROVIDING THIS CREDIT CARD INFORMATION FOR THE BILLING OF THE DOCUBANK CLIENT MEMBERSHIPS SENT IN TO DOCUBANK FROM MY FIRM. THIS CREDIT CARD SHOULD ALSO BE USED TO PROCESSS ANY CLIENT RENEWALS THAT MY FIRM INDICATES SHOULD BE PAID BY THE FIRM. I UNDERSTAND THAT THIS CARD WILL BE CHARGED TWICE MONTHLY AND CREDIT CARD RECEIPTS WILL BE SENT DIRECTLY TO MY FIRM FOR OUR RECORDS.

DATE OF REQUEST: _____ SIGNATURE: _____

BEGIN USING CARD UPON RECEIPT? YES NO DATE CARD IS ACTIVE: _____

FIRM NAME: _____

CONTACT: _____

CARD TYPE : VISA MASTERCARD AMEX DISCOVER

CREDIT CARD #: _____CSV/SECURITY CODE_____

EXPIRATION DATE: _____ USE FOR ALL PROVIDERS IN FIRM: YES NO

NAME ON CREDIT CARD: _____

BILLING ADDRESS: _____

_____

NOTE: (IF APPLICABLE): _____

_____

-- PLEASE FAX TO 610-667-9726 --