

## Credit Card Billing Authorization Form

Avrem Technologies, LLC

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<http://www.avrem.com>

<b>Credit Card Billing Information:</b>	
<b>Company Name</b>	
<b>Authorizing Person</b>	
<b>Credit Card Type</b>	<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
<b>Issuing Bank</b>	
<b>Credit Card Number</b>	
<b>CVC Number</b>	
<b>Expiration Date</b>	
<b>Billing Address</b>	
<b>City</b>	
<b>State/Province</b>	
<b>Zip/Postal Code</b>	
<b>Country</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
Please select one of the following payment options:	
<b>One-Time</b>	<input type="checkbox"/> Bill my credit card in the amount of \$_____ as a prepayment <b>OR</b> apply to invoice #_____.
<b>Recurring</b>	<input type="checkbox"/> Setup a recurring charge each month in the amount of \$_____.
	<input type="checkbox"/> Bill my credit card each month for any invoices generated for my company.
Applicant agrees that all information provided is accurate and complete and understands that recurring charges regarding backup, storage and other services may be subject to increases over time depending on usage. Applicant also acknowledges that all orders may be immediately terminated at Avrem's discretion if any charges are declined or charge backs are claimed. Disputes regarding amounts invoiced, as well as changes in the status of this card or any information above should immediately be reported to Avrem Technologies, LLC.	

On behalf of the client:

**By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_