

## Payment Authorization

### Payment by Credit Card

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Company Name / DBA

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Telephone Number Contact Email Address

### Credit Card Information

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Name on account

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Billing Address City

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State Zip

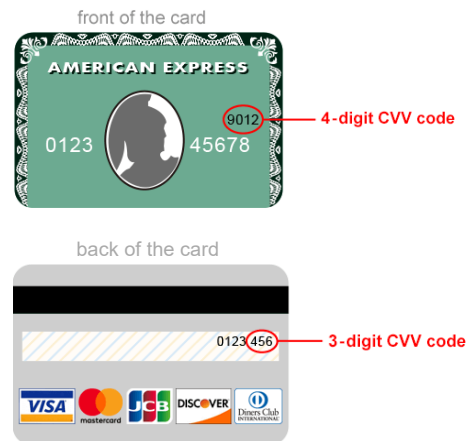
VISA      MasterCard      Discover      AMEX

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Card Number

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Expiration Date Card Verification # (Found on back of card)



### CREDIT CARD AUTHORIZATION

I authorize Credit Technologies, Inc. to settle all charges to this account as defined in the membership agreement using the above billing method. Payment for all outstanding charges will occur at the end of each month. This authorization shall be a continuing and irrevocable promise and indemnity for the amount owed. Any account cancellation or modifications must be made in writing. The undersigned promises to pay Credit Technologies, Inc. on demand for any and all sums that come due.

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Authorized Signature

Date