

CREDIT CARD AUTHORIZATION FORM
Reoccurring Charge

EARTM **PROFESSIONAL AUDIO VIDEO**
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Credit Card Billing Information

Company Name _____

Bill to Name _____

Bill to Address _____

Telephone _____

E-mail _____

Credit Card Information

Cardholder Name _____

Card Type: Visa MasterCard American Express Discover

Card Number _____

Expiration Date _____

Customer Verification Code or Card Verification Value* _____

*Last 3 digits on the back of a Visa or MasterCard;
4 digits in the front on the upper right of an American Express

Card Holder Authorization

I have read and verified the above information to be complete and accurate; further, I authorize EAR to charge my credit card monthly for network services, beginning on the date of request.

Signature _____

Print Name _____

Title _____

Date _____