

## AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic billing, simply fill out the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

### Customer Information *(to be completed by merchant)*

Customer Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Information *(to be completed by merchant)*

I authorize Upgraded Roofing Systems, LLC to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Frequency: monthly

First Billing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Billing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Credit Card Information *(to be completed by customer)*

Upgraded Roofing Systems accepts the following credit card for payment:

Credit Card Type      Credit Card Number      Expiration Date

\_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name      Cardholder's Zip Code (related to credit card)

\_\_\_\_\_

Customer's Signature      Date

\_\_\_\_\_