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|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | RECURRING  |   |   |  |   |
|   | CREDIT CARD AUTHORIZATION FORM |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   | Company Name: | Paymentrequest Company LTD |   |   |   |
|   | Company Address: | 102 Credit Avenue |   |   |   |   |   |
|   | City/State/ZIP: | Fortwidth, California, CA 20345 |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  | PRINCIPLE EXPLAINED |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  | CARDHOLDER CONSENT |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | By signing this document, I | John Doe |  authorize | COMPANY NAME |  to |  |
|  |  |  |  |  | (Full Name) |  |  | (Business Name) |  |  |
|  | charge my credit card indicated below for  | $1,200.00 |  on the | 25th |  of each |  |
|  |  |  |  |  |  |  | (Amount $) |  |  | (Day/Date) |  |  |  |
|  | Month |  for payment of my | Electrical bike rent |  |
|  | (Frequency) |  |  | (Type of Bill) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Billing Address: |  |  |
|  | City/State/ZIP: |  |  |
|  | Phone or Email: |  |  |
|  | SIGNATURE: |   |   |   |   |   |  Date: |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  | CREDIT CARD INFO |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Cardholder Name: | John Doe |  |
|  | Credit Card Type: | VISA |  |
|  | Account Number: | 0000 0000 |  |
|  | Expiry Date: | Dec-21 |   |   |   |   |   |   |   |   |   |  |
|  | CVV (Digits): | 0000 |   |   |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |   [© TemplateLab.com](https://templatelab.com/) |  |