

Peacewell care consulting

For your peace of mind & well-being.

Credit Card Payment Authorization Form

Customer Name: _____ For Inv#/Ref: _____

For One Time Payment:

credit card will be charged upon receipt of this form

I, the undersigned being an authorized signor of the following account, hereby authorize EPC IT Solutions to charge to the credit card below for US\$ _____ .

To be kept on file for future purchases/charges:

I, the undersigned being an authorized signor of the following account, hereby authorize EPC IT Solutions to automatically charge the credit card below for all future purchases or maintenance renewals as may be invoiced from time to time. I understand that I can always request to cancel this authorization on-file by providing a written request via email two (2) weeks prior to the effective date of this cancellation.

Credit card: Visa Master Card Amex

Credit Card Number: _____ Expiration (mm/yy): _____

Name on the credit card: _____

Billing address of the card: _____

CVV number: _____ (Visa/Master Card: found on the back of the card on signature area, last 3 digits)

Authorized Signature Date

Print Name: _____ Contact Person / Telephone / Email in case of any questions on this authorization:

Please fax the completed form to 516-706-0463, or you can send this as an email attachment to lori@peacewellcare.com

