

# High Meadow Business Solutions

## Automatic Credit Card Billing Authorization Form

Complete 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. You may cancel this automatic billing authorization at any time by contacting us.

### Customer Information (To be completed by merchant)

Business Name:

Contact Name:

Phone:

\_\_\_\_\_ - \_\_\_\_\_

### Payment Information (To be completed by merchant)

I authorize High Meadow Business Solutions to automatically bill the card listed below as specified:

Amount: \$

Frequency: **Monthly**

Start billing on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

End billing when: **Customer provides written cancellation**

### Credit Card Information (To be completed by customer)

High Meadow Business Solutions accepts the following credit cards: **Visa, MasterCard, Discover, American Express**

Credit card type:

Credit card number:

Expires:

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

Cardholder's name:

Cardholder's Zip code (required):

(as shown on credit card)

(from credit card billing address)

Customer's signature:

Date:

\_\_\_\_\_