

Needle Solutions

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply 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)

Customer name: _____

Customer account number: _____

Phone: _____

_____ - _____ - _____

Payment Information (To be completed by merchant)
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I authorize Needle Solutions to automatically bill the card listed below as specified:

Amount: \$ _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semi-Annually Annually (Check only one)

Start billing on: ____ / ____ / ____

End billing when: Contract expires: ____ / ____ / ____ Customer provides written cancellation

Credit Card Information (To be completed by customer)
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Needle Solutions accepts the following credit cards: **Visa, MasterCard, Discover**

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: _____
