



Credit Card On File 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

Customer name: _____ Customer account number: _____ Phone: _____ - _____ - _____

Payment Information

I authorize KORMAN SERVICES to automatically bill the card listed below as specified:

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

Credit Card Information

KORMAN SERVICES accepts the following credit cards: **Visa, MasterCard, American Express, 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: _____