



## Credit Card Authorization Form

Company Name:

Subscription ID or Department Name:

Card Type (Circle One):    Visa        MasterCard        American Express        Discover

Card Holder Name (as shown on credit card):

Card Billing Street Address:

Card City, State, Zip Code:

Card Number:

Security Code:

Expiration Date:

Email Address for Receipts:

Use This Card on a Recurring Basis (Circle One):        Yes        No

### AUTHORIZATION

I hereby authorize Information Professionals, Inc. to charge the indicated credit card monthly for fees associated with software services provided, including, if necessary, adjustments for any changes to my account. I agree that there will be a 3.5% markup for paying via credit card. I understand that Information Professionals, Inc. will not mail me any invoices or bills. I agree that if I have any problems or questions regarding my account or any services provided by Information Professionals, Inc., I will contact Information Professionals, Inc. for assistance using the contact information on their web site at [www.eWorkOrders.com](http://www.eWorkOrders.com). I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Information Professionals, Inc. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Information Professionals, Inc.

If I selected to use this card on a recurring basis, I agree that the periodic charge will be applied to my credit card according to my Information Professionals, Inc. account billing cycle, and in order to cancel the recurring billing process, I am required to contact Information Professionals, Inc. one (1) month in advance to either cancel the associated Information Professionals, Inc. account, or arrange for an alternative method of payment.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date Signed