



Credit Card Authorization Form

Company Name:	
Subscription ID or Department Name:	
Card Type (Circle One):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>AUTHORIZATION</p> <p>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. 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.</p> <p>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.</p>	
_____ Signature of Card Holder	_____ Date Signed