



## Credit Card Authorization Form

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|--|---|
| 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><b>AUTHORIZATION</b></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. <b>I agree that there will be a 3.5% markup for paying via credit card.</b> 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 <a href="http://www.eWorkOrders.com">www.eWorkOrders.com</a>. 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> |   |
| _____<br><b>Signature of Card Holder</b>   | _____<br><b>Date Signed</b>   |