

# Etomic Companies Inc

## Credit Card Billing Authorization Form

If you would like to enjoy the convenience of credit card billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will bill your credit card and your charges will appear on your monthly credit card statement. You may not cancel this authorization after work has been started on your project. All sales are final and since we are a service business, there are no refunds or exchanges.

### Customer Information

Customer name:

Website Address:

Phone:

\_\_\_\_\_ - \_\_\_\_\_

### Credit Card Information

Etomic Solutions Inc. accepts the following credit cards: **Visa** **Master Card** **Discover** **American Express**

I authorize Etomic Solutions Inc to charge the below card: \$ \_\_\_\_\_ + 3.5% Processing Fee.

Credit card payments have a 3.5% processing fee. To avoid this fee, pay by check online or by mail. All services are invoiced as the cash price, not credit card price. We have to do this to keep our prices low for all customers.

Credit card type:

Credit card number:

Expires:

\_\_\_\_\_ / \_\_\_\_\_

Credit card 3 or 4 digit card ID number (normally on back of card): \_\_\_\_\_

Cardholder's name:

Cardholder's Zip code (required):

(as shown on credit card)

(From credit card billing address)

Customer's signature:

Date:

\_\_\_\_\_

**Complete & Fax to 336-464-2068**

(This fax line is digitally secured using the same technology banking institutions use.)