

Carole L. Billingham, MCC

Credit Card Authorization Form (Visa/MC only)

Date	Account Number		
Client Name(s)			
Address		State	Zip
Card	Card Number	Expire Date	CW2
Billing Address (write same if no change)		State	Zip
Telephone Number	Fax	Email Address	
Remarks			

I hereby authorize Carole L. Billingham to charge my credit card any current balances at the beginning of each month. This agreement will terminate at the expiration date of the credit card on file. I understand that I may discontinue this plan at any time by 30-day written notice, and this authorization can only be revoked in writing. Acceptable forms of cancellations are via email, fax, by regular mail, or by courier. Verbal requests will not constitute acceptance of any cancellation.

- I would like to pay lump sum of \$425.00
- I would like three (3) monthly installments of \$150.00

Signature/Date

For your convenience, please fax this form to: (USA) +1 (970) 577-0201
If you do not have faxing capabilities, please call my assistant, Karen, with your card information at (303) 403-4003.