



CREDIT CARD PAYMENT Authorization Form

Access – Corporate Headquarters
6818 Patterson Pass Road, Suite A
Livermore, CA 94550 1 877 FileLine

Access Branch

ACCOUNT#

AGREEMENT#

INVOICE#

CLIENT INFORMATION

Company Name

Contact Name

CREDIT CARD PAYMENT INFORMATION

Today's Date:

VISA Mastercard American Express

#

Cardholder Name (as it appears on the card)

CVC Code (on back of card)

Expiration Date

BILLING ADDRESS (Where monthly credit card statements are received)

Company Name

Contact Name

Address

Suite / Unit Number

City

State

Zip

Telephone

Fax

Contact Person's Email

Contact Person's Title / Position

RECURRING AUTHORIZATION

(Check this box to authorize Access to use this authorization to automatically charge your credit card each month for services provided.)

ONE-TIME AUTHORIZATION

AMOUNT \$

INVOICE #(s)

(Check this box for a one-time charge to your credit card.)

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Access to charge my credit card, for the services provided.

Cardholder Signature

Cardholder Telephone

Please return this completed Credit Card Payment Authorization Form to:

Access Center for Excellence
Fax: 925.454.0896
Email: ar@accesscorp.com