

CREDIT CARD PAYMENT Authorization Form

Access – Corporate Headquarters		ACCOUNT#	
6818 Patterson Pass Road, Suite A		AGREEMENT#	
Livermore, CA 94550 1 877 FileLine		7.0	
Access Branch		INVOICE#	
		114V 016L#	
CLIENT INFORMATION			
Company Name	Contact Na	ame	
CREDIT CARD PAYMENT INFORMATION			
CREDIT CARD PATIMENT INFORMATION			
Today's Date:			
□ VISA □ Mastercard □ American Express			
#			
			1
Cardholder Name (as it appears on the card)		CVC Code (on back of card)	Expiration Date
BILLING ADDRESS (Where monthly credit card state	ements are rec	reived)	
BILLING ADDRESS (Where monthly credit card state	ements are red	ceived)	
BILLING ADDRESS (Where monthly credit card state	ements are rec		
Company Name	Contact Na	ame	State 7in
Company Name			State Zip
Company Name	Contact Na	ame	State Zip
Company Name Address S	Contact Na Suite / Unit Number	ame	State Zip
Company Name Address S	Contact Na Suite / Unit Number Fax	ame	State Zip
Company Name Address S Telephone	Contact Na Suite / Unit Number Fax	Tity	State Zip
Company Name Address S Telephone	Contact Na Suite / Unit Number Fax	Tity	State Zip
Company Name Address S Telephone Contact Person's Email	Contact Na Suite / Unit Number Fax	Tity	State Zip
Company Name Address S Telephone Contact Person's Email RECURRING AUTHORIZATION	Contact Na Suite / Unit Number Fax Contact Pe	City erson's Title / Position	
Company Name Address S Telephone Contact Person's Email	Contact Na Suite / Unit Number Fax Contact Pe	City erson's Title / Position	
Company Name Address S Telephone Contact Person's Email RECURRING AUTHORIZATION (Check this box to authorize Access to use this authorization to ONE-TIME AUTHORIZATION AMOUNT \$	Contact Na Suite / Unit Number Fax Contact Pe	City erson's Title / Position	
Company Name Address S Telephone Contact Person's Email RECURRING AUTHORIZATION (Check this box to authorize Access to use this authorization to	Contact Na Suite / Unit Number Fax Contact Pe	city erson's Title / Position harge your credit card each month for	
Company Name Address S Telephone Contact Person's Email RECURRING AUTHORIZATION (Check this box to authorize Access to use this authorization to ONE-TIME AUTHORIZATION AMOUNT \$	Contact Na Suite / Unit Number Fax Contact Pe	city erson's Title / Position harge your credit card each month for	
Company Name Address Telephone Contact Person's Email RECURRING AUTHORIZATION (Check this box to authorize Access to use this authorization to ONE-TIME AUTHORIZATION AMOUNT \$ (Check this box for a one-time charge to your credit card.)	Contact Na Suite / Unit Number Fax Contact Pe automatically ch	city erson's Title / Position marge your credit card each month for INVOICE #(s)	r services provided.)
Company Name Address Telephone Contact Person's Email RECURRING AUTHORIZATION (Check this box to authorize Access to use this authorization to ONE-TIME AUTHORIZATION AMOUNT \$ (Check this box for a one-time charge to your credit card.) Being the cardholder or Corporate Officer, by signing below I ur specifically authorize Access to charge my credit card, for the so	Contact Na Suite / Unit Number Fax Contact Pe automatically ch	city prison's Title / Position parge your credit card each month for INVOICE #(s) gree to the terms set forth in this agree. Access will provide me with an iter	r services provided.) eement, agree to pay, and mized monthly statement
Company Name Address Telephone Contact Person's Email RECURRING AUTHORIZATION (Check this box to authorize Access to use this authorization to ONE-TIME AUTHORIZATION AMOUNT \$ (Check this box for a one-time charge to your credit card.) Being the cardholder or Corporate Officer, by signing below I ur specifically authorize Access to charge my credit card, for the sidetailing all of my charges. I further agree that in the event my	Contact Na Suite / Unit Number Fax Contact Pe automatically characteristand and agervices provided credit card become	city croon's Title / Position arge your credit card each month for INVOICE #(s) gree to the terms set forth in this agre. Access will provide me with an item mes invalid, I will provide Access with	r services provided.) eement, agree to pay, and mized monthly statement
Company Name Address Telephone Contact Person's Email RECURRING AUTHORIZATION (Check this box to authorize Access to use this authorization to ONE-TIME AUTHORIZATION AMOUNT \$ (Check this box for a one-time charge to your credit card.) Being the cardholder or Corporate Officer, by signing below I ur specifically authorize Access to charge my credit card, for the so	Contact Na Suite / Unit Number Fax Contact Pe automatically characteristand and agervices provided credit card become	city croon's Title / Position arge your credit card each month for INVOICE #(s) gree to the terms set forth in this agre. Access will provide me with an item mes invalid, I will provide Access with	r services provided.) eement, agree to pay, and mized monthly statement
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Cardholder Telephone

Please return this completed Credit Card Payment Authorization Form to:

Access Center for Excellence

Fax: 925.454.0896

Cardholder Signature

Email: ar@accesscorp.com