

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Customer Name: _____

Email Address: _____

Phone: () - Ext: _____

Payment Information (To be completed by merchant)

I authorize **Triad Tax Service, Inc.** to automatically bill the card listed below as specified:

Product/Service description: _____

Monthly Recurring Amount: _____

Start date: ____/____/____ End date: ____/____/____

Credit Card Information (To be completed by customer)

Card Type: VISA MasterCard American Express

Cardholder Name: _____

Cardholder ZIP Code (billing address): _____

Card Number: _____ Expiration Date: ____/____

Notify me via email when my credit card is charged. (Make sure email address is correct)

Customer Signature

Date