

RECURRING CREDIT CARD AUTHORIZATION AGREEMENT

Please complete the following information to authorize PerfectServe, INC to set up automatic credit card payments. All payments will be processed by the 15th of the month.

Your PerfectServe account number:
Name on your PerfectServe account:
Phone Number:
E-Mail Address:

Contact / Billing Information: (as shown on credit card):

Credit Card Holders Name:
Credit Card Billing Address:
City, State, Zip:
Credit Card Number:
Expiration Date: MMY ^{YY} _____ CVV: (3-digit code on the back): _____
Printed Name:
Signature:
Today's Date:

I hereby authorize PerfectServe, INC to make monthly recurring charges to the credit card indicated in this authorization form for payment of services.

I agree to notify PerfectServe, INC of any changes to my credit card account information within 5 days prior to the next billing date.

Expiration date changes, and/or if you are issued new credit card numbers, and/or if you wish to utilize a different credit card than presented on this form, you will need to complete a new/revised Credit Card Authorization Form.

I understand that if PerfectServe, INC is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred.

I understand that I may cancel this authorization at any time in writing by mail or e-mail.

I agree that electronically transmitted (e.g. emailed) copies of this agreement shall be deemed to be the original.

By signing this authorization agreement, I certify that I am an authorized user of this credit card.

I also acknowledge that I have read and agree to all the above information and warrant all information provided is true and correct.

Please return completed form to PerfectServe, INC by E-Mail: groupbillingquestions@perfectserve.net, or mail to PerfectServe, INC at 2160 Lakeside Centre Way, Suite 301 Knoxville, TN 37922. All information kept on file is strictly confidential.