



accessoffice

Credit Card Authorization Form

Date: _____

I _____ hereby authorize **Access Office Inc.**, to charge my credit card.

Credit Card Number _____ Expiration Date _____ mo/yr.

Three or four digit code on back of credit card _____.

Access Office Inc. will charge my credit card the _____ day of each month, for my monthly services and any additional charges for extra services that may arise, as per the terms of my agreement with **Access Office Inc.** and me or my company.

I authorize these transactions to begin on _____ and will continue each month until I terminate this authorization in writing to **Access Office Inc.**

Company Name: _____

Card Holders Name: (print) _____

Card Holder Signature: _____

Access Office Representative: _____

Credit Card Information: MasterCard Visa American Express

Billing Address of Credit Card: _____

Clients Signature _____

_____ (Principles initials) please bill my Credit Card for the final balance at the end of my lease and/or for any fee's, which are outstanding at that time.

By signing the authorization form, the Company acknowledges and agrees to be financially responsible for any and all charges incurred for by the employees and principle stated above. The authorizer hereby warrants and represents he/she has the authority to legally bind the Company as set forth herein. _____ (Initials)