



5112 77th Place NE Suite 200  
Marysville, WA 98270  
Ph 360-6512627 Fax 425-740-0127

## Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic 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

Customer Name \_\_\_\_\_ Customer Account Number \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Payment Information

I authorize AVSS to automatically bill the credit card listed below as specified.

Amount \$ \_\_\_\_\_ Frequency Weekly Monthly Quarterly Annually (Check only one)

Day of month to charge card 1st-28th only

Start Billing on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ End Billing when \_\_\_\_\_ Contract Expires  
Customer Provides Cancellation

### Credit Card Information (to be completed by customer)

AVSS accepts the following credit cards: **VISA, Master Card, Discover, American Express**

Credit Card Type \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Cardholders Name \_\_\_\_\_ Cardholders Zip code \_\_\_\_\_  
(as shown on credit card) (Required)

Card Holders Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Must be mailed to AVSS**  
**5112 77th Place NE Suite 200**  
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**Faxed forms will NOT be accepted**