5112 77th Place NE Suite 200
Marysville, WA 98270
Ph 425-953-4344 Fax 425--953-4344

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 _____ (as shown on credit card)

Cardholders Zip code _____ (Required)

Card Holders Signature _____

Date: _____

Must be mailed to **AVSS**
5112 77th Place NE Suite 200
Marysville, WA 98270

Scan and Email to avss.net@gmail.com