

Credit Card Authorization Form

CLIENT INFORMATION		
Name: _____		
Company: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	

CARD HOLDER INFORMATION		
Name: _____		
Billing Address: _____		
City: _____	State: _____	Zip: _____

PAYMENT AUTHORIZATION	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex	
Card Number: _____	Exp Date: _____
Card Identification Number (CVV2 Code): _____	
Print Name as it appears on Credit Card: _____	
<p>By completing and signing this form, I hereby authorize ANP Transcriptions, to automatically charge the credit card account designated below for all charges due and payable on my regular billing cycle. I certify that I am a duly authorized signer on the credit card identified below, and authorize all of the information provided below as evidence by my signature at the bottom of this document. I acknowledge that the origination of the transactions to my account must comply with the provisions of U.S. and State Law.</p> <p>This authorization shall remain in force and effect until ANP Transcriptions receives written notification from me of termination with at least ten days of anticipation of the next transaction, to afford ANP Transcriptions to act and to make necessary adjustments. I understand that ANP Transcriptions reserves the right to terminate this payment method and my participation in this service.</p>	
Signature: _____	Date: _____

Please return this form to: accounting@anptranscriptions.com, or it can be faxed to: 845-369-7234