

# DMCA FORCE

COMPREHENSIVE. EFFECTIVE. AFFORDABLE ANTI-PIRACY SOLUTIONS

## Credit Card Authorization Form

Please complete and sign this authorization form. All fields are required. We will bill your credit card automatically for the amount indicated. You may cancel this automatic billing authorization with 30-days notice by contacting us in writing.

### Customer Information

Customer Name

Telephone Number (include area code)

\_\_\_\_\_

\_\_\_\_\_

### Payment Information

I authorize Tekco Management Group, LLC to automatically bill the card listed below as specified:

Amount: \$\_\_\_\_\_ Frequency:  One-Time  Monthly\*  Other

Other instructions: \_\_\_\_\_.

Start billing on: \_\_\_\_\_ or  immediately

End billing when: \_\_\_\_\_.

\*The card will be billed each month on or around the 15<sup>th</sup> or on or around the last day of each month depending on your service cycle.

### Credit Card Information (all information below is required)

Credit Card Type  Visa  MasterCard

CVV# \_\_\_\_\_

AMEX  Discover

Credit Card Number

Expires

\_\_\_\_\_

\_\_\_\_\_

Cardholder's Name (as shown on credit card)

\_\_\_\_\_

Address on Cardholder's Statement

Zip Code

\_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature

Date