

email: acro@acrosonic.com
phone: 206.236.6463
toll free: 888.655.5549
fax: 206.236.6322
www.acrosonic.com
7525 SE 24th Street, Suite 480
Mercer Island, WA. 98040

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 (To be completed by merchant)

Customer name: _____ Customer account number: _____ Phone: _____
- -

Payment Information (To be completed by merchant)

I authorize Acrosonic Corporation to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
 Quarterly Semi-Annually Annually (Check only one)

Start billing on: ____ / ____ / ____ End billing when: Contract expires: ____ / ____ / ____
 Customer provides written cancellation

Credit Card Information (To be completed by customer)

Acrosonic Corporation accepts the following credit cards: **Visa, MasterCard**

Credit card type: _____ Credit card number: _____ Expires: ____ / ____ / ____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's signature: _____ Date: _____