



CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:		
Company Name / Name:		
Person Authorizing:		
Credit Card Type:	Visa [] MasterCard [] Amex [] Discover / Novus [] Other, please specify:	
Issuing Bank:		
Credit Card Number:		
Enter CVC number:		
Expiration Date:		
Billing Address:		
City:		
State/Province:		
Zip/Postal Code:		
Country:		
Phone Number:		
Fax Number:		
Please select one of the Following Payment Options:		
Once	Bill my credit card once for the following amount:	
	Please apply this payment to the following Insertion Order/Invoice #	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> _____ Other	Bill my credit card for the amount of service provided for all contracts with ST&R Business Solutions.	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at ST&R Business Solution's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to sherita.fontenot@strbusinesssolutions.com.</p> <p>Changes in the status of this card can also be reported to info@strbusinesssolutions.com.</p>		

The undersigned is the duly authorized representative of the above named company.

Authorized Signature: _____ Date: _____