

Payment Info



Infatrac
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 Ladera Ranch, CA
 92694
 Phone: 949-340-0088
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Date:

Check ACH Deposit Credit

Bill To

Company:

Address:

State/Province:

Zip/Postal Code:

Phone:

P.O. Number:

Contact Name:

Ship To

Company:

Address:

State/Province:

Zip/Postal Code:

Phone:

Fax:

Contact Name:

Invoice #	Description	Quantity	Unit Price	Amount
			Sub-total	
			Total Debit / Credit	

Authorized By:

I authorize Infatrac to initiate recurring monthly charges to the credit card / account listed below, for payment of services or hardware received. I will promptly notify Infatrac when the expiration date changes or the credit card becomes invalid. I understand these charges will continue to be billed to my credit card monthly and that if at any time I wish to discontinue or make changes to this payment method, I must notify Infatrac, by written notification.

The undersigned hereby authorizes Infatrac to enter a charge to, and to receive payment from the credit card account identified below in exchange for my service/hardware from Infatrac. I understand that Infatrac will require a separate authorization form for any future credit card transactions and that this authorization is only applicable for the specified one time charge.

Signature Field

Date/Time Field