



**AUTHORIZATION AGREEMENT FOR
CREDIT CARD PAYMENTS**

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic credit card 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 providing us with 30 days notice.

Customer name: _____

Phone: _____ E-mail: _____

Credit Card Information (Circle One) Visa MasterCard Discover American Express

Credit card number: _____ Expires: _____/_____/_____

3-digit security code: _____

Cardholder's name (as shown on credit card): _____

Cardholder's Zip code (from credit card billing address) (required): _____

Customer's signature: _____ Date: _____

By signing this form I authorize **Rhino** Communications to automatically bill the card listed above, billing will end when customer provides written cancellation.