

Credit Card Authorization Form

Clients Acct: _____ Date: ____ / ____ / ____

Card Type: Visa, Master Card, Discover, Amex: _____

Card Number: _____ Exp. Date: ____ / ____

Security Code on Back of Card: _____ Amount to Debit: _____

Billing Address (including ZIP code): _____

I (Card Holder's Name) _____ Authorize:
(Please Print)

Ability Answering Service to charge my account for services.

Card Holder Signature

- Check here for a one-time payment only.
- Check here if you'd like Ability to run your monthly charges automatically.
This authorization is effective until Ability receives a written notice to terminate automatic payments.

Signature

Ability Answering Service thanks you in advance for your payment.