



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO OUR OFFICE OR FAX IT PRIOR TO THE NEXT BILLING DATE THAT YOU REQUEST.

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

I authorize Innovative Security to automatically debit my credit card/checking account in the amount of \$_____ every _____ days () months () years (). I also agree that I must provide a written request to cancel this charge within 15 days prior to the automated charge.

Innovative Security is not responsible for any damages, fees due to NSF charges by the customers bank or collection processes caused by these automated charges. It is solely the customer's responsibility to notify Innovative Security in advance to change billing preferences.

Signature: _____ Date: _____