

## RECURRING CREDIT CARD PAYMENT AUTHORIZATION FORM

## **INSTRUCTIONS**

- 1. Complete this form in its entirety, including signature and date.
- 2. **DO NOT EMAIL THIS FORM.** Please send this completed form to our secure efax at 919.510.6258.

CLIENT INFORMATION			
Client Name:			
Address on Card:			
City:	State:	Zip Code:	
Business Phone:	Email:	:	
Representative:	Title:		
ACCOUNT INFORMATION			
Full Name on Card:			
Card #:	Exp. Date:		
AUTHORIZATION AGREEMENT FO	R PREAUTHORIZE	D PAYMENT	
I authorize <i>Netsertive, Inc. (Netsertive)</i> to charge to Netsertive in accordance with the terms and condition execution of the Agreement, the Credit Card will be with the Agreement. The monthly Service Fee will advance of the next month of service (Bill Date) at This authority is to remain in full force and effect us advance of its termination in such time and in such specified in the Agreement. In the event that this Conotify Netsertive and provide new credit card payments.	itions agreed to between C e automatically charged for be automatically charged t the then approved monthl until Netsertive has received h manner as to afford Nets Credit Card information cha	lient and Netsertive ("Agreement"). Upon repayment of Configuration Fees, in accordance to the Credit Card on the 27th of each month in y Service Fee, in accordance with the Agreement. In written notification from Client 30 days in certive a reasonable opportunity to act on it, as is larges or becomes invalid, Client will promptly	
X			
Signature of Authorized Signer on Cre		Date	
Print First, Middle Initial ,and Last Na	ame	Title	