



Credit Card Authorization Form

Billing Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Email: _____

Credit Card: Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: ____ / ____ **VCode:** _____

Amount to be charged: _____

One Time Payment

Monthly Payment

I hereby authorize Automated Lifestyles, LLC to use this information to charge my credit card for purchases and/or transactions under the following terms:

All purchases and or transactions related to my account on a monthly basis.

A single transaction for services scheduled for the following date(s): _____

Signature

Printed Name as it appears on Card

Date