

151 Oakland Dr.

(301)-334-9605 Fax: (301)-334-2188

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic 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 charge will appear on your monthly credit card statement. You may cancel automatic billing authorization at any time by contacting us.

Customer Information (To be completed)		
Customer Name		Phone Number	
Service Address		email address	
Payment Information (T	To be completed by Merchant)		
I authorize Arnold Broth	hers Equipment to automaticall	y bill the card listed belo	w as specified:
*A CONVENIENCE	FEE WILL APPLY *	Customer ID:	
Start Billing On:	Frequency:		/Annually
Credit Card Information	n (To be completed by customer	r)	
Arnold Brothers Equip Discover and Debit Car	ment Corporation accepts the ds	following credit cards: `	Visa, MasterCard
Credit Card Type	Credit Card Number	Security Code	Expires
Credit Card Billing Add	lress (Complete)		
Address		City	State
Cardholder's Name (As shown on credit card)			Zip Code