

Credit/Debit Card Authorization Form

Please complete all fields.

CARDHOLDER DETAILS

Name (As shown on card):

Credit Card Type:

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Account Type:

☐ Business ☐ Personal

Business Name:

CARD INFORMATION

Account Number:

Expiration Date (MM/YYYY):

Card Verification Number:

Billing Address:

Billing Phone Number:

AUTHORIZATION OF CARD USE

I, _____, authorize Tracy Technologies to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature:

Date:

Please complete the form above and email to info@TracyTechnologies.com.

Terms & Conditions

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

All fees are due in full upon receipt of invoice. Fees not paid within 20-days of the invoice date will be subject to a late fee of \$25.00. Balances not paid within 45-days of the invoice date will be subject to additional fees and action. Any fees not paid will be subject to collections. All fees incurred to collect balances owed will be due by the Client.

No refunds or credits will be given in the event of cancellation or modification. Complete Terms & Conditions details can be found at the follow link: <http://tracytechnologies.com/terms-conditions>

TracyTechnologies.com

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