

## CSI-NW Credit Card Authorization Form

Your credit card will automatically be charged all set up fees immediately. Monthly charges will appear by the 5<sup>th</sup> business day of each month and charged to this card on file.

In the event the card is declined Customer agrees to pay invoice plus 25% service charge by cashiers check or Electronic Funds Transfer within 24hrs of notification.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: (MM/YYYY): \_\_\_\_\_ Security Code (3 digits) \_\_\_\_\_

TYPE:  VISA  MASTERCARD  AMEX

CARDHOLDER SIGNATURE: \_\_\_\_\_ CARDHOLDER NAME: (PRINTED) (AS IT APPEARS ON CARD)

\_\_\_\_\_

Billing Address of Credit Card (include city, state, zip)

\_\_\_\_\_

To be completed by CSI-NW.

Date received:

Received by:

Time received:

Customer Number:

Fax: 866.352.1462

Email: sales@csinw.us