CREDIT CARD SECURITY DEPOSIT

AUTHORIZATION FORM

By signing this form, you authorize Solutions For Screens to securely store the credit card information provided below and charge the card for services rendered as needed.

Charges may include, but are not limited to, the services quoted or requested, as well as any additional charges such as extra mileage, additional or confirmation testing, after-hours or weekend services, cancellation or recollection fees, or other authorized services.

The card may be charged multiple times if the original estimated cost or invoice provided does not reflect the final total cost of services rendered.

All charges will be processed at the time the services are rendered.

A credit card processing fee will be applied per charge on the card.

By signing below, you acknowledge and agree to these terms.

CREDIT CARD INFORMATION

Cardholder Name (as printed on card): _____

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____ Expiration Date: _____

CVV2 (3 digit number on back of card): _____ Amex 4-Digit Code (front of card): _____

BILLING INFORMATION

Company Name (if applicable): _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

I hereby authorize Solutions For Screens to securely store the above credit card and charge it for services rendered as needed. I understand that the card may be charged multiple times if the original estimated cost or invoice provided does not reflect the final total cost of services rendered due to additional charges such as extra mileage, additional or confirmation testing, after-hours or weekend services, cancellation or recollection fees, or other authorized services. All charges will be processed at the time the services are rendered. I certify that I am an authorized representative of the company listed above, that I am an authorized user of this credit card, and that I will not dispute any payment with my credit card company; so long as the transaction corresponds to the terms outlined in this authorization.

_____ _____

Authorized Representative Signature Date

_____ _____

Printed Name of Authorized Representative Title

Solutions For Screens