



www.thepoochpatio.com

Credit Card Billing Authorization Form

(YOUR COMPANY NAME) NAME:	The Pooch Patio, L.L.C.
Person Authorizing:	
Credit Card Type:	VISA () MASTERCARD () DISCOVER ()
Issuing Bank:	
Credit Card Number:	
Expiration Date:	
Enter CVC # on back of the card:	
Name on Card:	
Billing Address & City/State:	
Billing Zip/Postal Code:	
Phone Number:	
ONE MONTH UP- FRONT	Bill My Credit Card 1x on file for the following amount: \$ _____ (1 month up-front)
REOCCURRING MONTHLY AUTO- DEBIT FEE	Bill My Credit Card on file for the following amount: \$ _____

TERMS:	<p>Applicant agrees that all information provided is accurate and complete. Applicant authorizes The Pooch Patio, L.L.C. to charge their card 1x per month on the 1 terminate contract. Applicant acknowledges that all orders may be terminated at The Pooch Patio's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Any disputes to amounts charged need to immediately be reported to: April@thepoochpatio.com</p> <p>Changes in the status of this card will also be reported to: April@thepoochpatio.com</p>
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The Undersigned acknowledges and agrees to the above terms of this reoccurring monthly fee.

AUTHORIZED CARD HOLDER PRINTED NAME: _____

AUTHORIZED CARD HOLDER SIGNATURE: _____

DATE