

**Credit Card Authorization
Form**

For greater security, consider providing the card specific information via phone to the Accounts Receivable team at SPBS, 469.702.0007. If calling in the card number, **ONLY COMPLETE** the **bold items**: name on card, expiration data, and 4 last digits of the card, and whether one time, recurring or as incurred authorization, and sign below.

Company Name: _____

Name on Card: _____

Credit Card billing address street: _____

Credit Card billing City/State/Zip Code: _____

Phone Number: _____

Card Type: Discover Master Card/Visa AMEX

Card Number: _____ - _____ - _____ - _____ (only fill out last 4 if calling in the credit card)

CVV Code (Amex Front 4 Digits/3 Digits on back of VISA/MC/D): _____

Expiration Date: ____/____

Payment receipts to be emailed to: _____

Type of Authorization: Please check

Authorized Recurring Charge + Other Charges Incurred: Credit card on file: fixed contract amount: _____ charged monthly quarterly semiannually annually, plus amounts for work orders processed through last day of prior business month, plus applicable sales or other taxes. Note, not all customers qualify for monthly or quarterly billing

Timing: Day of the month to be charged for recurring charges: 7th day of the period identified; if the 7th falls on a weekend or national holiday, the charge will be on the next business day (Month/Qtr/Semi/Annual)

Date of the first charge:

Date of last authorized charge: until revoked by customer or at the end of contract term, whichever occurs first.

I hereby authorize SPBS, Inc., to charge the credit card under the terms identified above and, if necessary, refund charges and adjustments for any amounts charged in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or charged erroneously. I attest that the credit card carries sufficient credit limit to cover such payments.

This authorization can be cancelled or revised at any time by written notification by an authorized party with 48 hours notice (to allow sufficient processing time). All notices of revision or cancellation should be sent to AR@SPBS.com with a cc: to brittanyr@spbs.com

Printed Name /Title

Date

Signature

ACH Account Draft Authorization Form

Company Name: _____

Address: _____

Telephone: _____

Contact Name /Title: _____

Email for ACH payment confirmations to be sent: _____

Bank Name: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Checking _ or Savings _____

Type of Authorization: Please check

Authorized Recurring Charge + Other Charges Incurred: fixed contract amount: _____ charged

monthly quarterly semiannually annually, plus amounts for work orders processed through last day of prior business month, plus applicable sales or other taxes. Note, not all customers qualify for monthly or quarterly billing

Timing: Day of the month to be charged for recurring charges: 7th day of the period identified; if the 7th falls on a weekend or national holiday, the charge will be on the next business day (Month/Qtr/Semi/Annual)

Date of the first charge:

Date of last authorized charge: until revoked by customer or at the end of contract term, whichever occurs first.

I hereby authorize SPBS, Inc., to debit by electronic transfer payments owed to SPBS by me as identified above and, if necessary, credit entries and adjustments for any amounts debited electronically in error. SPBS shall debit the payments from the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my debits may be erroneously transferred electronically. I agree to have sufficient funds in my account at the time of the debit to cover such payments. I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and SPBS's rules about electronic transfers as they exist on the date of my signature on this form, or as subsequently adopted, amended, or repealed.

This authorization can be cancelled or revised by written notification by an authorized party at any time with 48 hours notice (to allow notification to the bank). All notices of revision or cancellation should be sent to AR@SPBS.com with a cc to Brittanyr@spbs.com

Printed Name /Title

Date

Signature

Please attach a voided check (not deposit slip) or savings withdrawal slip.