FTS Computer Repair

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information ""(To be completed by merchant)""

Customer name: _____ Customer account number: N/A Phone: _____

Payment Information ""(To be completed by merchant)""

I authorize FTS Computer Repair to automatically bill the card listed below as specified:

Amount: _____ Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly ☒ Annually

Start billing on: / / End billing when: ☐ Contract expires: _____
→ ☒ Customer provides written cancelation

Credit Card Information ""(To be completed by customer)""

FTS Computer Repair accepts the following credit cards:

Credit card type: _____ Credit card number: _____ Expires: /

Cardholder's name: _____ Cardholder's ZIP code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's signature: _____ Date _____