

CREDIT CARD AUTHORIZATION FORM

(please select one)		
☐ RECURRING QUARTERLY \$as per ag	greement (Amount to	o be charged)
I authorize Certified Alarm Technicians Inc. (C.A.T.) to initiate recurring quarterly charges to the credit card account listed below, for payment of services received. I will promptly notify C.A.T. when the expiration date changes or the credit card becomes invalid. I understand these charges will continue to be billed to my credit card quarterly and that if at any time I wish to discontinue or make changes to this payment method, I must notify C.A.T. by written notification. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.		
ONE TIME \$	(Please fill in amount to	be charged)
The undersigned hereby authorizes Certified Alarm Technicians Inc. (C.A.T.) to enter a charge to, and to receive payment from the credit card account identified below in exchange for my service from C.A.T. I understand that C.A.T. will require a separate authorization form for any future credit card transactions and that this authorization is only applicable for the specified one time charge. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.		
CREDIT CARD INFORMATION Please print clearly: Customer Name		Account #
Customer Name		Account #
Credit Card Holder's Name (as it appears on car	d)	
Billing Address for Card		
City State		Zip Code
Home Phone # Work Pl	hone #	Cell Phone #
Type of Card (check one):	SA	MasterCard Exp. Date (Mo/Yr)
Customer Signature (MUST match name on cred	dit card)	Date

Verification Number (3-digit # in signature box on back of card after last 4-digits of your account #)

Please Send To:

^{*}All above information is necessary to process your payment.