Credit Card Authorization Form

I, _____ (full name on card) **of** _____ (company name), hereby authorize 24hrsNetwork, Inc., to charge my credit card for payments as well as to authorize my credit card for pended amounts on an as-needed basis to mitigate risks and control costs while waiting for payment by wire transfer or paper check.

I agree to:

☐ A Net 15 time period to pay and understand that my credit card will be billed on the 25th day if payment hasn't been received by the morning of the 20th day.

☐ Have invoices automatically bill my credit card 5 days prior to the due date.

Name As It Appears on Card:		Expiration:	
Credit Card Number:			
Address:			
Suite / Apt / Floor:			
City:	State:	Zip Code:	

Cardholder Signature / Date:

❑ Check this box if your company requires a PO prior to services rendered, this will delay the start of projects

_____

As the credit card holder, I authorize 24hrs Network, Inc. to charge my credit card for future purchases verbally or written and approved by me subject to requirements for purchase orders. Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. 24hrs Network, Inc. will keep all information provided on this form strictly confidential and stored securely. If your company has additional authorized agents that can act on your behalf, please use the next sheet to designate those individuals who will have access to use your charge account until you revoke permission.

24hrsNetwork, Inc.

Credit Card Authorization Form – Authorized Approvers

I, _____ (full name on card) **of** _____ (company name), hereby authorize 24hrsNetwork, Inc., pursuant to its standard Credit Card Authorization Form which is already on file to allow the following listed signers to approve charges on my 24hrsNetwork, Inc. account as well as to hold and charge funds pursuant to my existing agreement.

Each line must have a written name, signed name, as well as the primary account holder's initials and a date next to the authorization.

Authorized Full Name	Signature	Primary Initials	Auth Date	Revoke Date

Cardholder Signature / Initial File Date:

_____