



Authorization for Credit Card Payments

Please TYPE All Information - Handwritten copies may not be accepted

Dear Valued Customer:

If you are interested in using your credit card as payment on your account, please complete the following information required into this *type-able adobe reader template* and return to us via fax or mail (only scanned copies are accepted via e-mail as a signature is required for processing). All information below is required for process; applications can not be processed if any information is missing. Please contact our Accounting Department if you do not know your Username or Account # and we will be happy to supply them.

You have **three options** for payment when setting up your credit card with Office Ally. Please make sure you understand each option available as you will be **required to make a selection** at the bottom of this form. Current payment options are as follows:

- Automatic Authorization - Office Ally's Accounting Dept. will retain your submitted credit card information on your company file. Each month your account has a positive outstanding balance, your credit card on record will automatically be charged and noted on your future monthly invoice. Future invoices will be sent via email.
- User Request - Office Ally's Accounting Dept. will retain your submitted credit card information in your company file. Each month (as applicable) your office will be e-mailed a current invoice. If you choose to make a payment using your credit card on record, simply contact our Accounting Dept via e-mail or phone to authorize a specific payment amount. You will only need to have your account #, last four digits of your credit card on record and amount authorized for payment. Future invoices will be sent via email.
- One-Time Authorization - Office Ally's Accounting Dept. **will not** retain any credit card information in your company file. Each month (as applicable) your office will be mailed a current invoice. **Each time** you choose to make a payment using a credit card, your office will need to submit a new form via fax or mail.

Please note that a minimum transaction amount of \$20.00* will be processed and applied to your account each time your credit card is used for payment. If your current account balance is less than \$20.00, any unused portion of the transaction amount will be credited to your account and applied to any future billings. **All credit cards are processed "fee-free"*.**

* For those users who authorize an amount LESS THAN our minimum \$20.00 (\$19.95 when applicable) transaction amount, a processing fee of \$2.00 will be added to your charge. To avoid this fee, please authorize a minimum transaction amount of \$20.00 (\$19.95 when applicable)

If you have any questions, please contact our Accounting Dept @ (866) 575-4120 Option # 4. Once this form is received, your account will be updated within 3 business days and will be available for charging at that time. Those wishing to set up automatic payment processing, please allow up to 2 billing cycles for account updating.

MUST BE TYPED - DO NOT fill in by hand.

Company Name: Date Submitted

Office Ally Username: Account # (6-digits)

Name EXACTLY as it reads on card:

Address on file with Credit Card: City: Zip:

Contact Phone #: Submitted By:

SIGNATURE of Cardholder: _____

Credit Card Type Payment Option One-Time Auth Amount
Minimum \$20.00*

Credit Card #: - - - Expiration CVV Code (3-digits)

Fax this form to: **Office Ally** (949) 269-6444: (Accounting ONLY)

INTERNAL USE ONLY: Date Application Approved: _____ By: _____