



**Credit Card Authorization Form
Recurring Monthly Charges**

Company Name:
Calyx Account ID:
Credit Card Type: Visa/MasterCard American Express Discover
Card holder name (as shown on credit card):
Card Billing Street Address:
Card City, State, Zip code:
Amount: \$ _____
AUTHORIZATION I hereby authorize Calyx Software to charge the indicated credit card monthly for fees associated with software services provided, including, if necessary, adjustments for any changes to my account. I agree that this periodic charge will be made according to my account billing cycle, and in order to cancel the recurring billing process, I am required to contact Calyx Software one (1) month in advance to either cancel the associated Calyx account, or arrange for an alternative method of payment. I understand that Calyx Software will not mail me any invoices or bills. I agree that if I have any problems or questions regarding my account or any services provided by Calyx Software, I will contact Calyx Software for assistance using the contact information on their web site at www.calyxsoftware.com . I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Calyx Software. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Calyx Software.
_____ Signature of Card holder _____ Date