

Credit Card Authorization on File

Please fill out the information below to allow us to charge your credit card for the invoice due.

Visa MasterCard Discover

Billing Address

City, State, Zip

Credit Card Number

Cardholder Name

Expiration Date

Security Code

By signing this form you give _____ permission to charge your credit card the amount indicated on invoice.

You further certify that you are an authorized user of this credit card and that you will **not** dispute the payment with your credit card company, so long as the transaction corresponds to the terms indicated on invoice.

The Credit Card will not be automatically charged on an amount over \$100.00.

Name

Signature

Date

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_____	_____		
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_____	_____	_____	
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BAC-OFFICE, LLC

Billing | Administration | Credentialing

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 (808) 909-2003 | www.BAC-Office.com



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