



Automatic Credit Card Payment Authorization Form

If you would like to enjoy the convenience of automatic payments, simply complete and sign this form. Please return via mail or fax. All requested information is required. Upon approval, we will automatically charge your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic payment authorization at any time by notifying us in writing.

Customer Information

Customer Name: _____ Customer Account ID: _____ Phone: _____-_____-_____

Payment Information

I authorize AIR-PIPE, LLC to automatically charge the card listed below as specified:

Amount:\$ _____ Frequency: Monthly

Start charging on: Next billing cycle End charging when: Customer provides written notice

Credit Card Information

AIR-PIPE, LLC accepts the following credit cards: VISA MasterCard

Credit card type: _____ Credit card number: _____ Expires _____/_____/_____ CVV (three digit number on back of card) _____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (use credit card billing address)

Customer's signature: _____ Date: _____