

CREDIT CARD AUTHORIZATION FORM

Attention: _____

Contact/Billing Information: (as shown on credit card)

Company: _____

Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Credit Card Type: Visa MasterCard

Cardholder name (as shown on credit card): _____

Credit Card#: _____ Expiration Date: _____

Credit Card Security Code: _____ Amount: \$ _____ (As per the insertion Agreement)

Please Check the Appropriate Box(es):

- One Time Use:** I hereby authorize Wax Jean (WAX) to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am not authorizing WAX to setup my account within a recurring billing system – rather, I prefer to pay by check or money order on all future invoices, I understand that if I wanted WAX to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

Please list what the credit card authorization is for: _____

- Recurring Billing:** I understand that by checking this box, I authorize Wax to save my credit card information to charge for future transactions. I hereby authorize WAX to charge the indicated credit card on a periodic basis for the amount due pursuant to ongoing purchase orders made in the future. This Recurring Payment Authorization shall remain in force until cancelled by me in writing.

Authorization:

I hereby authorize WAX to charge the indicated credit card. I agree that this is either a one-time or periodic charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must cancel in writing. I will not dispute WAX's recurring billing with my credit card issuer so long as the amount in question was for goods or services rendered prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one-time or recurring billing agreement with WAX.

Signature of Cardholder (Required): _____ **Date:** _____