



## Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### Customer Information (To be completed by Merchant)

Customer Name

Customer Account Number

Phone Number

### Payment Information (To be completed by Merchant)

I authorize Mimic Data, LLC to automatically bill the card listed below as specified:

Amount:  \$ \_\_\_\_\_  
 Monthly Invoice Total

Frequency  Weekly  Monthly  
 Quarterly  Annually

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Form Signature Date

End Billing When  \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Customer Provides Written Cancellation

### Credit Card Information ( To be completed by Customer)

Mimic Data accepts the following credit cards: **Visa, MasterCard, Discover and American Express**

Credit Card Type

Credit Card Number

Exp Date

Security PIN

### Cardholders Billing Information

(Names as shown on credit card)

Billing Phone Number

Billing Address

City

State

Zip Code

Customers Signature

Date