



Recurring Credit Card Authorization

I hereby authorize Careforde Inc to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. By signing this form you give us permission to debit your account. This permission does provide authorization for any additional related debits or credits to your account. This authority will remain in effect until Careforde Inc (Careforde.com) is notified by me (us) in writing to cancel it in such time as to afford Careforde Inc (Careforde.com) and Credit Card Company a reasonable opportunity to act on it.

Customer Company Name: _____



Visa



Master Card



American Express



Discover

Credit Card Number: _____ SEC: _____

Expiration Date: _____ / _____ / _____

I, _____, authorize Careforde Inc to charge my credit card
(Full name)

account indicated below any and all current and past due account balances for goods and services provided by Careforde Inc.

Billing Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Signature: _____ Date: _____ / _____ / _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.