**Credit Card Authorization**

If you would like the convenience of automatic recurring billing, or a one-time payment simply complete the credit card information below and sign the form. All requested information is required. Upon approval, Keith & Associates, Inc. will automatically bill your credit card for the amount indicated and your charges will appear on your monthly credit card statement. You may cancel this authorization at any time by contacting us.

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| Intern Information  |
| Please mark which class you are in. KADDI \_\_\_\_\_\_\_\_ KACAD \_\_\_\_\_\_\_\_Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_ - \_\_\_\_\_\_\_\_\_\_ |
| Payment Information  |
| I authorize Keith and Associates, Inc. to automatically bill the card listed below as specified:Product/service description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + 3.5% processing feeFrequency [ ] Once  |

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| Credit Card Information (to be completed by customer) |
| Card Type [ ] MasterCard [ ] Visa [ ] Discover [ ] AMEX [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardholder Name (As Listed on card)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV (3 Numbers on Back)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardholder Address (Address associated with credit card)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Notify me when my credit card is charged\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Customer Signature Date |