Account #_____

Payment Authorization Form

I hereby authorize Zoom Professional Services to use my credit card information which is provided below in the amount of $_____. This credit card charge will be debited automatically from my account on a one-time only basis, unless auto draft is confirmed as a YES below. I understand that any late fees accrued on my account will be included in this charge, if not already. I acknowledge and understand that I currently have funds available in my account to process this draft form transaction. Failure to complete this transaction, due to insufficient funds will result in a $15 NSF FEE.

I have read and agree to all the terms and conditions of this form:

_____ _____ ____________

Company Name Signature Date

Credit Card Information Auto Draft Yes___ No___

Card Type: MasterCard___ Visa___ American Express___ Discover Card___

Name as it appears on card: _____

Credit Card Number: _____

Amount to be charged: $_____ Exp. Date: ____________ CCV: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____