Account #_____

Payment Authorization Form

I authorize Zoom Professional Services to charge my credit card using my information as provided below. I authorize the following charge(s):

❒ A one-time charge in the amount of $_____

❒ A recurring charge in the amount of $_____on the ____ day of the month, commencing on _____.

I understand that a processing fee may be charged by the credit card processor where allowed by law, and that Zoom and its affiliates do not receive any portion of this fee*. I understand and agree that any late fees that have accrued on my account to date may be added to this charge. I acknowledge that I currently have sufficient credit available on this card to process this transaction and any recurring transactions.

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: _____