



CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx



Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card or 4 digits on the front of an AMEX card): _____

Amount to Charge: \$ _____ (USD)

I authorize BENDIX imaging, inc. to make an automatic monthly charge of the agreed upon amount listed above to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. Any declined or returned charges will be subject to an additional \$30 fee.

***While this is a month to month agreement, a minimum 5 day advance written notice is required for cancelation of these services to avoid another monthly charge.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Printed Name: _____

Once signed, return the completed form to: admin@BENDIXimaging.com.

BENDIX imaging, inc
1712 9th Avenue SW
Watertown, SD 57201
605-882-6900