

Payment Authorization Form

CARDHOLDER INFORMATION:	
Card Holder's Name*:	
Commony Nomes*	
Company Account #*:	
Billing Street Address*:	
Billing Street Address (cont.):	
City*:	State*: Postal Code*:
Country:	
Telephone Number*: ()	
PAYMENT INFORMATION*:	
Credit Card Type: O Master Card	O Visa O American Express O Discover Card O Virtual Check
CREDIT CARD INFORMATION*	
Credit Card Number:	
Expiration Month:	Expiration Year:
CVV:	
BANK (VIRTUAL CHECK) INFOR	MATION*:
Name of Bank:	
ABA Routing Number:	Account Number:
PAYMENT FREQUENCY*:	
Auto Pay (charge card each mor	nth)
	Kirbo's Office Systems, LLC. To charge the credit / bank account that I have provided for all
RECURRING, ONE-TIME, and Other charges.	I understand that all RECURRING charges will be charged to my credit card on the 1st of
every month and ONE-TIME/Other charges	will be charged to my credit card as they become due. I agree to not dispute the payment
with my Credit Card Company or bank so lo	ng as the transaction(s) corresponds to the applicable agreements and ordering
receive navment shall not relieve the navme	ems, and the billing frequency referenced therein. Failure of Kirbo's Office Systems to ent obligations in my agreement(s) in effect with Kirbo's Office Systems. I represent that I
have the legal authority to bind the entity o	n whose behalf I am making the foregoing authorizations, agreements and
acknowledgements.	g are jet egenig allower, a green and
Single Payment Amount: \$	Kirbo's Office Systems Invoice #:
Authorized Signature*:	Date*:/
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Please sign and complete then email to <u>accounting@kirbos.com</u> or Fax to 325-643-1358. Should you have any questions please contact us at 1-800-653-3383. *Please fill out ALL required information!