

Aa Adults Toy Storage, LLC. In Arvada
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing.

Customer Information (To be completed by merchant)

Customer name: _____ Customer account number: _____ Phone: _____
_____ - _____

Payment Information (To be completed by merchant)

I authorize Aa Adults Toy Storage, LLC. to automatically bill the card listed below as specified:

Amount: \$ _____ Monthly Quarterly Semi-Annually Annually
Circle only one

Start billing on: ____ / ____ / ____
Credit Card billing will occur until notified to cancel in writing

Credit Card Information (To be completed by customer)

Aa Adults Toy Storage, LLC. accepts the following credit cards: **Visa, MasterCard, and Discover (circle one)**

Credit card type: _____ Credit card number: _____ Security code from back of card: 3 digits Expires: _____ / _____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's signature: _____ Date: _____

Email address: _____
Receipt will be sent to this address.

You may cancel the automatic billing at any time, by submitting your request in writing to Aa Adults Toy Storage, LLC.

Any refunds will be refunded back to the credit card on file.

Colorado Signal Company in Commerce City Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing.

Customer Information (To be completed by merchant)

Customer name: _____ Customer account number: _____ Phone: _____
_____ - _____

Payment Information (To be completed by merchant)

I authorize Colorado Signal Company to automatically bill the card listed below as specified:

Amount: \$ _____ Monthly Quarterly Semi-Annually Annually
Circle only one

Start billing on: ____ / ____ / ____
Credit Card billing will occur until notified to cancel in writing

Credit Card Information (To be completed by customer)

Colorado Signal Company accepts the following credit cards: **Visa, MasterCard, and Discover (circle one)**

Credit card type: _____ Credit card number: _____ Security code from back of card: 3 digits Expires: _____ / _____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's signature: _____ Date: _____

Email address: _____
Receipt will be sent to this address.

You may cancel the automatic billing at any time, by submitting your request in writing to Colorado Signal Company.

Any refunds will be refunded back to the credit card on file.