

Area II Plumbers JATC Trust

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Email: billing@area2app.com

CREDIT CARD RECURRING CHARGE AUTHORIZATION FORM

Training Agent
Company Name: _____

Cardholder Name: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone: (_____) _____ - _____

Credit Card Type: Visa/Mastercard American Express

Credit Card Number: _____

Expiration Date: _____ CVS Code: _____ (Last 3 or 4 digits on back of credit card)

Amount to Charge: \$ TOTAL AMOUNT DUE

Cardholder--Print Name, Sign and Date Below:

Name Printed: _____

Signed: _____

Dated: _____

I hereby authorize Area II Plumbers JATC to charge the indicated credit card monthly for fees associated with Area II Plumbers JATC services provided, including, if necessary, adjustments for any changes to my account. I agree that the periodic charge will applied to my credit card according to my Area II Plumbers JATC account billing cycle, and in order to cancel the recurring billing process, I am required to contact Area II Plumbers JATC one (1) month in advance to either cancel the associated Area II Plumbers JATC account, or arrange for an alternative method of payment. I agree that if I have any problems or questions regarding my account or any services provided by Area II Plumbers JATC, I will contact Area II Plumbers JATC for assistance using the contact information on this agreement. I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Area II Plumbers JATC. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Area II Plumbers JATC.