



A division of Imaginal Cells, Inc.

Credit Card Authorization Form

Please provide us with information and permission to accept and bill your credit card. Complete all fields, sign, date and return to us via fax, email or USPS. All information is kept strictly confidential.

Full Name as Printed on Card: _____

Company Name as Printed on Card: _____

Street Address CC Bills are sent to: _____

City _____

State _____

Zip Code _____

Country _____

Phone # (connected to card) _____

E-mail address: _____

CARD TYPE:

VISA MC Discover

CREDIT CARD #:

Expiration Date: ____ / ____ Security Code: _____

PLEASE SELECT EITHER "ONE TIME" OR "RECURRING BILLING"

[] ONE-TIME BILLING: I hereby authorize Alpha Dog Transcriptions to charge my credit card for the current order. This is a one time charge authorization and do not authorize Alpha Dog Transcriptions to charge future orders with this card. I understand that if I wish to have future orders charged to this card, I will submit another authorization form or choose the selection below.

[] RECURRING BILLING: I hereby authorize Alpha Dog Transcriptions to charge my credit card for the current order as well as future orders. I understand that this card will be charged for future services until otherwise instructed.

AUTHORIZATION:

With my signature below, I authorize Alpha Dog Transcriptions to charge the above credit card for services rendered and if "future billing" is selection give permission to Alpha Dog Transcriptions to charge this card for any additional charges as a result of future orders placed by me or other representatives of the above company. I certify I am the legal cardholder, and that I am legally authorized to enter into this one time or future billing agreement with Alpha Dog Transcriptions.

Cardholder Signature: _____ Date: _____