

CREDIT CARD AUTHORIZATION FORM

We gladly accept VISA®, MasterCard®, American Express® and Novus®.

General Information *(Please print)*

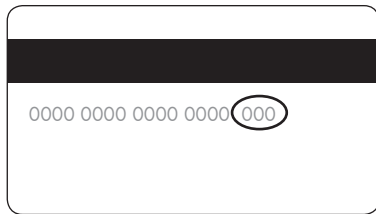
NAME PHONE

STREET

CITY STATE ZIP

Payment Information

CARD TYPE: VISA® MasterCard® American Express® Novus®



CREDIT CARD NUMBER

EXPIRATION DATE (MM/YY) THREE OR FOUR DIGIT VERIFICATION CODE

CARDMEMBER NAME

BILLING ADDRESS

CITY STATE ZIP

RECURRING BILLING ON CREDIT CARD AUTHORIZED? YES NO

DESIGNATE TYPES OF PAYMENTS UNDER CURRENT AGREEMENT TO BE CHARGED?

Terms and Conditions

The undersigned (Cardmember) hereby authorizes N. Glantz & Son, LLC to charge the full amount of the payments designated above due under its agreement with N. Glantz & Son, LLC to the Credit (Card) indicated above. Cardmember understands and agrees that it is making these payments according to the provisions of the applicable agreement between it and N. Glantz & Son, LLC. If the Card used for these charges is declined for payment for any reason, the Cardmember understands and agrees that it remains responsible for the full amounts of the payments according to such agreement. Cardmember understands and agrees that a right to a refund from Card Company or N. Glantz & Son, LLC is subject to all provisions of the underlying agreement and to its Card account or Cardmember agreement with Card Company. Cardmember acknowledged and agrees that the dollar amount of the foregoing payments will appear on its Card billing statement and that it will be obligated to pay that amount to Card Company in accordance with the terms of its Card account or Cardmember agreement with Card Company. Cardmember shall attempt to resolve any inquiry or dispute with respect to its payments on the Card with N. Glantz & Son, LLC.

CARD MEMBER'S SIGNATURE DATE