



Credit Card Authorization Form

Choose Your Option Below:

Recurring Billing

- I understand my credit card will be billed monthly in advance for services rendered and so authorize said billing as well as additional usage charges as they occur. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

Single Billing

- I authorize my credit card to be billed for a one-time charge or in lieu of a deposit. No additional billings are authorized unless I fail to pay for future services in which case the outstanding balance may be billed to the credit card account listed below. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

Please complete all the following information. Your account cannot be processed if incomplete.

Circle Type of Credit MC VISA DISCOVER AMEX

CC Number _____ EXP. Date: _____

Name of the credit card holder: _____

(As it appears on the credit card)

Address: _____

(As it appears on the statement)

City: _____ State: _____ Zip: _____

CVV2 (3 digit # on the back) _____

Product or Service:

Charge: _____

Signature of Credit Card Holder

Date

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my card company; so long as the transaction corresponds to the terms indicated in this form.



ACH Authorization Form

Choose Your Option Below:

Recurring Billing

- In consideration of the goods, products, and/or services provided me by Abadata Computer Corp. as listed below. I hereby authorize Abadata Computer Corp. to initiate a debit entry to my checking account indicated below at the depository financial institution named below herein after called _____ and to debit the same to such account for the amount listed below. This authorization will continue until revoked in writing.

Single Billing

- In consideration of the goods, products, and/or services provided me by Abadata Computer Corp., as listed below. I hereby authorize Abadata Computer Corp. to initiate a debit entry to my checking account indicated below at the depository financial institution named below herein after called _____ and to debit the same to such account for the amount listed below. This authorization will continue until revoked in writing.

Please complete all the following information. Your account cannot be processed if incomplete.

Merchant Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Billing Amount

Amount: _____

Print Name: _____

Signature: _____

Bank Information

Depository Bank Name: _____

Account Holders Name: _____

Bank Account Number: _____

Bank Routing Number: _____

I hereby assert that I am either the rightful and legal owner or I am duly authorized signer on the account with the power to authorize these transactions.

Date: _____

By signing this agreement I hereby authorize Abadata Computer Corp. to electronically debit the checking or savings account indicated above for payments due under this agreement I understand that the effective date of these electric debits to my account will be the business day of which the payment is due or scheduled per this agreement. I understand that if the debit is returned unpaid due to insufficient funds or my banks electronic draft restrictions, I may be charged a \$25.00 NSF Penalty for the returned item.

Please provide a voided check for Business. (Deposit Slip will not work.)

If not, Have a letter from Bank verifying the Business Routing and Account number on the bank letter head.