Credit Card Authorization From

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 charges as they occur. I understand that charges declined by the credit card issuer will constitute grounds for cancellation os service and that all monthly charges and usage charges 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 services 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 processes if incomplete
Company Name:
Check type of Credit Card \square MC \square VISA \square DISCOVER \square AMEX
CC Number: Exp. Date:
Name of Credit Card Holder:
(As appears on card)
Address:
(As appears on the statement)
City: State: Zip:
CVV2 (3 digit # on back MC/VISA/DC 4 digit number on front if AMEX):
Product or Service:
Charge:
Phone: Email:

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. Please note that hourly break fix services are billed at \$175 per hour during regular business hours 8-5 M-F and require a two hour minimum. After hours billable rate is \$262.50 per hour and require a two hour minimum. Please email this form to billing@lgnetworksinc.comor fax to 972-982-0054

Date

Signature of Credit Card Holder