



# SMB Partners, Inc.

## Automatic Credit Card Billing Authorization Form

*If you would like to enjoy the convenience of automatic billing, simply complete this authorization form and sign at the bottom. All requested information is required and will be kept confidential. Upon approval, we will automatically bill your credit card or draw from your bank account for the amount indicated for the time period specified. You may cancel this automatic billing authorization at any time by contacting us.*

### CUSTOMER INFORMATION

**Customer Name:**

**Customer Phone:**

### PAYMENT INFORMATION

I authorize **SMB Partners, Inc.** to automatically bill the card or draw from my bank account as specified below for Products/Services:

**Amount:**                \$                                **Frequency:**  
 One time     Weekly     Bi-Weekly     Semi-Monthly  
 Monthly     Quarterly     Semi-Annually

**End Billing:**  
**Start billing on:**    \_\_\_ / \_\_\_ / \_\_\_     When Contract expires:    \_\_\_ / \_\_\_ / \_\_\_  
 Upon customer written cancellation notice

### PAYMENT METHOD *(Please select one)*

#### CREDIT CARD INFORMATION

SMB Partners accepts the following credit cards: **Visa, MasterCard, Discover, American Express**

Credit Card Type:	Credit card number:	Expiration: ___ / ___
		CVV: _____
Cardholder's Name (as shown on card):		Cardholder's Zip for billing address (required):

#### BANK DRAFT

Routing #:	Account #:
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### CUSTOMER SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Please return completed form to:

**SMB Partners, Inc.  
72 Medway Street  
Norfolk, MA 02056**

**FAX: (508) 804-6500  
info@smbpartners.com**