



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 #: _____

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

Secure upload link:

<https://bit.ly/SMBccauth>