

Wiring Solutions Inc. –Maximum Security Systems

Call 732-866-8500 or FAX 732-431-2662

Automatic Credit Card Billing Authorization Form

For your convenience and to hold down monitoring cost, please complete the Credit Card information section below and sign the form. All requested information is required. Upon approval of your card we will automatically bill your card quarterly for the amount indicated and the charges will appear on your credit card statement. You may cancel this automatic billing authorization at any time by contacting us and following with a note requesting the cancellation.

Name _____ Acct # _____ Phone (____) _____

I authorize Maximum Security Systems to automatically bill the card listed below as specified:

Quarterly Amount \$ _____ Frequency (circle one) Quarterly Annually

Start the Billing on: (mm/dd/yyyy) _____ end on _____ (or by notice)

CREDIT CARD INFORMATION: Master Card, Visa, Discover & American Express only.

Type of card _____ Card Number _____

Expires _____ Security Code _____ E-Mail _____

Name on Card _____ Billing Zip Code _____

Signature _____ Date _____

If the name on the Credit Card is different from name on the Account at Maximum Security Systems, Please give relationship or explanation below.

HELP US GO GREEN

If you do not wish to have us bill your card, Please give us your e-mail address so we can send you invoices to you electronically.

E-Mail _____