

# Expert Messenger Inc.

## CREDIT CARD AUTHORIZATION FOR EXISTING BUSINESS ACCOUNTS

Phone 727-343-8863

Fax 727-527-9291

### BUSINESS CONTACT INFORMATION

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Registered Company Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

### CREDIT CARD INFORMATION

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (on back of card): \_\_\_\_\_

### AUTHORIZATION

I authorize Expert Messenger, Inc. to charge the corresponding amount for agreed upon invoices to my credit card provided above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Please select one:  Weekly Invoices                       Upon verbal command only

I also understand that there is a 5% fee for this service

### CARD HOLDER INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

### SIGNATURE

I certify that I am the card holder and/or authorized signer of the above card and agree to this authorization in its entirety.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed, please return form to Expert Messenger, Inc.  
You may email to [denise@expertmessengers.com](mailto:denise@expertmessengers.com) or fax to 727-527-9291.