



## Recurring Credit Card Authorization Form

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information on this form will be kept strictly confidential by our company.

The SoCo Group, Inc has the right to refuse service if the Credit Card listed below is declined.

COMPANY NAME: \_\_\_\_\_  
 CUSTOMER ACCT#: \_\_\_\_\_  
 CARDHOLDER NAME: \_\_\_\_\_  
 CARD BILLING ADDRESS: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 CARDHOLDER PHONE #: \_\_\_\_\_  
 CARDHOLDER E-MAIL: \_\_\_\_\_

CARD TYPE:  VISA       Master Card       AMEX       DISCOVER

CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_  
 SECURITY CODE: \_\_\_\_\_

ISSUING BANK NAME \_\_\_\_\_  
 BANK PHONE # ON THE BACK OF THE CARD: \_\_\_\_\_

*I (WE) HERBY AUTHORIZE "THE SOCO GROUP, INC" TO MAKE RECURRING CHARGES TO MY CREDIT CARD LISTED ABOVE, AND, IF NECESSARY, INITIATE ADJUSTMENTS FOR ANY TRANSACTIONS CREDITED/DEBITED IN ERROR. I AGREE THAT THIS IS A PERIODIC CHARGE THAT WILL BE MADE ACCORDING TO MY BILLING CYCLE AND THAT TO TERMINATE THE RECURRING BILLING PROCESS I MUST EITHER CANCEL MY ACCOUNT, OR ARRANGE FOR AN ALTERNATIVE METHOD OF PAYMENT. I UNDERSTAND THAT ALL ACCOUNT CANCELLATIONS MUST BE MADE IN WRITING ACCORDING TO THE REQUIREMENTS OF "THE SOCO GROUP, INC."*

*I AGREE THAT I WILL NOT DISPUTE "THE SOCO GROUP, INC'S" RECURRING BILLING WITH MY CREDIT CARD ISSUER SO LONG AS THE AMOUNT IN QUESTION WAS FOR SERVICES/ PRODUCTS RENDERED PRIOR TO MY CANCELING MY ACCOUNT IN THE MANNER REQUIRED BY THE TERMS OF SERVICE.*

*I GUARANTEE THAT I AM THE LEGAL CARDHOLDER FOR THIS CREDIT CARD, AND THAT I AM LEGALLY AUTHORIZED TO ENTER INTO THIS BILLING AGREEMENT WITH "THE SOCO GROUP, INC."*

*FURTHER I AM ENCLOSING A COPY OF THE FRONT OF MY CREDIT CARD FOR IDENTITY VERIFICATION PURPOSES.*

Signed: \_\_\_\_\_  
 Dated: \_\_\_\_\_