



# CREDIT CARD PAYMENT PERPETUAL AUTHORIZATION

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

I, \_\_\_\_\_ of \_\_\_\_\_  
(PRINT AUTHORIZED CARDHOLDER'S NAME) (PRINT CUSTOMER'S NAME)

authorize The Reserves Network, Inc. (TRN) to process a credit card payment in the amount of the current weekly invoice(s) + fees every Friday beginning \_\_\_/\_\_\_/\_\_\_ and continuing until further notice.

### Credit cards accepted (check one):

- VISA 3% fee
 MASTERCARD 3% fee
 AMERICAN EXPRESS 3% fee

Credit card number: \_\_\_\_\_ (Include Hyphens)

Card expiration date: \_\_\_\_\_

Security Code # (CVV): \_\_\_\_\_ (Visa/MC/Discover 3 digits and American Express is 4 digits)

### BILLING ADDRESS INFORMATION

Street Address: \_\_\_\_\_
Name on card (Print) \_\_\_\_\_
Customer Phone: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_
Zip: \_\_\_\_\_

Authorized Cardholder's Signature: \_\_\_\_\_