



TekTegrity™
IT STRATEGIES AND MANAGEMENT

Automatic Credit Card Authorization Form

I authorize TekTegrity, Inc. to charge my credit card for purchases of their products and / or services and to verify the billing address of my credit card with the issuing bank upon my signature. I understand that invoice amounts may be variable with each billing period. I elect to be notified of my payment amounts via regular monthly invoicing, to be sent to me via U.S. mail or email. I understand my Services Agreement allows me 15 days to dispute any invoice from recipient of said invoice. Upon notice of dispute of an invoice, if the dispute cannot be resolved at least 2 days prior to the charge date, the automatic charge will be suspended until the dispute is resolved. Credit Card charges will typically be performed 16-20 days from the date of each invoice. This authority is to remain in full force and effect until TekTegrity, Inc. has received written notification from me of its termination in such matter as to afford TekTegrity, Inc and its own financial institution a reasonable opportunity to act on it, or until my contract with TekTegrity has been terminated.

Please circle the type of card that you wish to authorize for transactions:

Visa MasterCard Discover American Express

CLIENT NAME: _____

Name on Credit Card (if different): _____

Bank Phone Number on Credit Card: _____

Credit Card #: _____

Expiration Date on Credit Card: _____ CVC Code: _____

Credit Card Billing Address:

I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

Signature of Card Holder: _____ Date: _____

Printed Name of Card Holder: _____

FAX this form to 805-544-1085 or mail to TekTegrity Inc, 205 Suburban Road, San Luis Obispo, CA 93401