

CREDIT CARD AUTHORIZATION FORM

Company Name / Spring Systems Login: _____

Cardholder Name: _____

Billing Address: _____

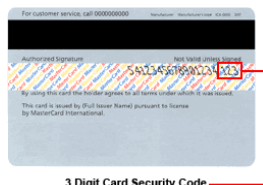
Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Card Security Code (CSC): _____

For **MasterCard**, **Visa**, and **Discover**, the CSC is the last three digits in the signature area on the back of your card.



For **American Express**, the CSC is a group of four digits on front of the card.



PLEASE SELECT AT LEAST ONE OPTION:

- ☐ Automatically Pay Monthly Invoices.*
- ☐ One time charge. * Amount \$ _____

*I authorize the above processing and agree that Spring Systems will add a 2.5% processing fee.

Signature: _____

Send the authorization to:

SPRING SYSTEMS
124 EAST MERRICK ROAD, SUITE 202
VALLEY STREAM NY 11580-5948
Phone (212) 736-3689
billing@springsystems.com