



Credit Card Authorization Form

Instructions

1. Complete the form by printing legibly using a dark pen. All information must be filled out completely.
2. Sign with the credit holder's signature on the line indicated.

Today's Date _____

Credit Card Number _____ Expiration Date _____

CVC Code (3 digit code on the back of the card) _____

M&S Customer/Account Number _____

Business/Customer Name _____

Card Holders Full Name _____

Credit Card Billing Address _____

Credit Card Billing City _____ Credit Card Billing State _____

Credit Card Billing Zip Code _____

Contact Phone Number _____ Contact Name (If different) _____

_____, I, the undersigned, do hereby authorize M&S Security Services Inc. to charge my credit card shown above on the **fifth of each month** for the full amount due on the customer number shown above. If no balance is due on the fifth of the month, then no payment is authorized. When a payment is made, I will be contacted with the conformation number via: ****Please check one**

_____ Mail _____ Email _____ Fax

Address, Email or Fax Number to be used _____

_____, I, the undersigned, understand that my credit card will be charged monthly and this authority for M&S Security Services Inc. to charge my card will remain in effect until The Company RECIEVES AND CONFIRMS my notification to cancel.

*** To my credit card company: By signing below, I authorize payment to M&S Security Services Inc., as indicated above.

Printed Name of Cardholder

Signature of Cardholder