Payment Authorization Form

Please complete all information below in clear, legible handwriting using a dark pen.

Primary Contact Name _____ Phone _____

Client / Company Name _____

M&S Customer Account Number _____

Payment Information

Name on Card _____

Card Number _____ Expiration Date ____ / ____ / ____

CVC / Security Code (3-digit code on back) _____

Billing Address _____ State _____

City _____ ZIP _____

_____ I, the undersigned, hereby authorize M&S Security Services Inc. to charge my card shown above, on the fifth day of each month for the full amount due on the card information provided above. If no balance is due on the fifth of each month, then to payment will be initiated. Please send a payment confirmation to: ____ mail, ____ email, ____ fax.

Address, email or fax to be used for payment confirmation: _____

_____ 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 M&S received and confirms my notification to cancel.

_____ _____ _____

Printed Name of Cardholder Cardholder's Signature Date