

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Customer Name _____ Customer Account Number _____ Phone _____ - _____

Payment Information (To be completed by merchant)

I authorize Bay Area Vital Link, Inc. to automatically bill the card listed below as specified:

Amount: \$ _____

One-time payment

Monthly

Quarterly (every 3 months)

Semi-Annually (every 6 months)

Annually

Credit Card Information (To be completed by customer)

Bay Area Vital Link, Inc. accepts the following credit cards: **Visa, Mastercard**

Credit Card Type: _____ Customer Account Number: _____ Expires _____ / _____

Cardholder's Name: _____ Cardholder's Zip Code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's Signature: _____ Date: _____

Address:

Bay Area Vital-Link, Inc.
6529 Telegraph Ave,
Oakland, CA 94609
Fax: 510-338-3467