



ArcLight Information Technology, LLC  
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www.arclight-it.com

## Credit Card Recurring Payment Authorization Form

\*Credit Card MUST be a company credit card or the personal card of an owner, principal or officer of the company.

Please complete this form to authorize us to make recurring charges to your American Express, Discover, MasterCard or Visa card. Charges will be made only for recurring monthly services or for other services and/or products that the client has agreed to. For each credit card charge, a receipt will be emailed to the cardholder, and each charge will appear on the cardholder's credit card statement.

Client (Company) Name \_\_\_\_\_

Client (Company) Address \_\_\_\_\_ (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (Phone)

### Credit Card Information:

Card Network  American Express  Discover  MasterCard  Visa

Card Type  Company / Corporate  Personal

Cardholder's Name \_\_\_\_\_ (as it appears on the card)

Credit Card Number \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (last four digits **only** – for security we will call for the full #.)

Expiration Date \_\_\_\_ / \_\_\_\_

Credit Card **Billing** Address \_\_\_\_\_ (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (Phone)

Cardholder's Email Address \_\_\_\_\_

I authorize ArcLight Information Technology, LLC to charge the above credit card for services and/or products provided to the above-named client. I understand that this authorization will remain in effect until ArcLight receives written notice of cancellation. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, provided that the transactions are for services and/or products provided to the above-named client.

Cardholder's Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form by fax to **617.226.8957**  
or by email attachment to **billing@arclight-it.com**