



ArcLight Information Technology, LLC

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Recurring Card Payment Authorization Form

*Card MUST be a company credit card or debit 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 charge, a receipt will be emailed to the cardholder, and each charge will appear on the cardholder's account statement.

Client (Company) Name _____

Client (Company) Address _____ (Street)

_____ (City) _____ (State) _____ (ZIP) _____ (Phone)

Card Information:

Card Network American Express Discover MasterCard Visa

Card Type Credit Debit

Account Owner Company / Corporate Personal

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

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

Expiration Date _____ / _____

Card Billing Address _____ (Street)

_____ (City) _____ (State) _____ (ZIP) _____ (Phone)

Cardholder's Email Address _____

I authorize ArcLight Information Technology, LLC to charge the above credit or debit 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 or debit card and that I will not dispute the payments with the card issuer, 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 to billing@arclight-it.com