



# Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

**Here's How Recurring Payments Work:**

You authorize payments to be charged to your Visa or MasterCard. You will be charged for each order placed for the total amount when your order is placed. Any additional services supplied to complete your order will be added to your invoice for an additional payment upon your orders completion. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided if the total payment is under\_\_< insert \$ >.

If your bill is more than that amount, you will receive notice prior to the payment being collected.

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Please complete the information below:

I \_\_\_\_\_ authorize Hitmaster Graphics to charge the credit card indicated below  
*(full name)*

for payment of my screenprinting, embroidery and/or promotional products purchases.

I understand that I will only receive advance notice of the charge if it exceeds \$\_\_\_\_\_<insert \$>.

Billing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name:	_____	
Account Number:	_____	
Expiration date:	_____	
CVV (3-digit number on back of Visa/MC):	_____	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.