



CREDIT CARD AUTHORIZATION FORM

Billing Information

Company Name: _____
 Customer No.: _____
 Billing Address: _____
 Phone No.: _____
 E-mail Address: _____

Card Details

Card Holder Name: _____
 Credit Card No.: _____
 Expiration Date: _____
 Card CVV Number: _____
 Project Information: _____
 Invoice No(s): _____

I _____ (cardholder's printed name) understand all rentals and sales are subject to National Trench Safety's applicable terms and conditions. I certify that I am an authorized user of this credit card and will not dispute these pre-approved scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

Recurring Credit Card Payment Authorization

CHECK ONE

With terms of Net Due Upon Receipt, I hereby authorize National Trench Safety ("NTS") to process payments for regularly cycle billed invoices every 28-Days to the above listed credit card. I understand and agree I will be charged the amount of the account's open balance for each invoice cycle billing period. A receipt for each transaction will be provided to me at the above requested e-mail address, and the charge will appear on my credit card statement. No prior notification will be provided for cycle billed invoices, and charges will continue until and unless NTS receives notice from me or the organization I represent canceling the recurring payment authorization and providing alternate means of payment. If alternate means of payment is not provided, any rental charges accrued prior to off-rent notice and/or any outstanding balance owed will be charged under this authorization. This authorization will remain in effect until I cancel it in writing, and I agree to notify NTS in writing of any changes in my account information or termination of this authorization at least ten (10) days prior to the next billing date. Written notice shall be via USPS Certified mail, return receipt requested or overnight courier and shall be deemed effective upon actual receipt.

Single Payment Card Payment Authorization

Signature: _____ Date: _____
(cardholder's signature)

COMPLETE AND RETURN TO: creditcardprocessing@ntsafety.com

260 N Sam Houston Pkwy E Ste 200, Houston, TX 77060
 Tel 832-200-0988 | Toll Free 888-234-9244