



AUTOMATIC BILLING AUTHORIZATION FORM

Company Name:

Accounts Payable Contact *

Name:

Email:

Credit Card Type: Visa MasterCard American Express Other

Name on Card:	
Credit Card Number:	
Expiration Date (mm/yy):	CVV**:
Billing Address:	

_____ I authorize all charges to be processed to the above credit card.
Initial *The amount of each transaction will be sent to the listed accounts payable contact
 ahead of each scheduled transaction for notification purposes only.*

_____ I understand that this authorization will remain valid until I provide you with
Initial written cancellation.

Signature:

Today's Date:

** It is the responsibility of the host company to notify the SPRAT Office of any changes to the listed accounts payable contact.*

***The CVV is the three digit code found on the back of a Visa and MasterCard or the four digit code found on the front of a American Express.*