

**Tom Sylvester, Inc.**  
**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us. Please FAX or MAIL this form back to us (do not email it since it contains your credit card information). Our fax number is **(919) 461-0011** and our mailing address is:

**Tom Sylvester, Inc. 219 Old Pro's Way, Cary, NC 27513.**

**Customer Information**

Customer name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Information**

**I authorize Tom Sylvester, Inc. to automatically bill the card listed below as specified for the CharterSUITE Monthly Usage Subscription:**

Amount: **\$59** Frequency: **Monthly**

Start billing on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please denote the date that you would like to begin your subscription service. Billing will occur monthly on this date).

End billing when: **Customer provides written cancellation**

**Credit Card Information (To be completed by customer)**

**Tom Sylvester, Inc. accepts the following credit cards: Visa, MasterCard, Discover**

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's ZIP code (required): \_\_\_\_\_  
(as shown on credit card) (from credit card billing address)

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_