



GlobalSpex, Inc.

## Automatic Payment Authorization

### Customer Account Information

Customer Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### For Payment by Credit Card

I (we) authorize the credit card company selected below to tender payment to GlobalSpex, Inc and to post the payment to our account.

Type of Charge Account:       Visa®  MasterCard®

Name (as it appears on the card): \_\_\_\_\_

Card Number: \_\_\_\_\_

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

GlobalSpex, Inc is authorized to initiate debit entries against the credit card account listed above. I (we) have the right to cancel this authorization with written notice thirty (30) days in advance of planned termination. This authorization will remain in effect until GlobalSpex, Inc has received the written notice of termination. I (we) understand that cancellation of this authorization does not cancel my (our) service agreement or my responsibilities there under.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)

Once completed, fax this information to:      (877) 471-8151

For assistance filling out this form, please contact us : (281) 940-7002

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FOR OFFICE USE ONLY      Processed by: \_\_\_\_\_      Date: \_\_\_\_\_