



**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, please complete the Information below and sign at the bottom. 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 as LEASED OFFICE SPACE. You may cancel this automatic credit card billing at any time by contacting us with a written notice.

**Credit Card Information** (To be filled out by Tenant)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Credit Card Type:(Visa, MasterCard, Discover Options only) \_\_\_\_\_

Cardholder's Name As It Appears On Card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Cardholder's Zip Code (from credit card billing address): \_\_\_\_\_

**Payment Information**

I Authorize Office Here, Inc. to automatically bill my credit card listed above as specified:

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_ Start Billing On: \_\_\_\_\_

*\*Please include my Quarterly Expense Stops in my automatic payment. Initial \_\_\_\_\_*

*\*Please adjust my automatic payment amount when my rent increases. Initial \_\_\_\_\_*

End Billing When: \_\_\_ Contract Expires \_\_\_/\_\_\_/\_\_\_  
                          \_\_\_ Customer provided written notice

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_