



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:** _____