

Central Coast Salmon Enhancement, 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.

Member Information

Member Name

Home Phone Number

Business

Work Phone Number

Address

City, State, Zip

Email Address

Payment Information

I authorize Central Coast Salmon Enhancement, Inc. to automatically bill the card listed below as specified:

Amount: \$ _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Quarterly Semi-Annually Annually (Check only one)

Start Billing: ____ / ____ / ____

End billing when: Contract expires: ____ / ____ / ____

Customer provides written cancellation

Credit Card Information

Central Coast Salmon Enhancement, Inc. accepts the following credit cards: **Visa, MasterCard**

Credit Card Type

Credit Card Number

Expiration Date

Cardholder's Name (as shown on credit card)

Cardholder's Billing Zip (required)

Member Signature

Date