

## Automatic Credit Card Billing Authorization Form

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

Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ CA, Zip \_\_\_\_\_

**Credit Card:**

- Visa
- Master Card
- Discover

Cardholder's name (as shown on credit card) :	
Credit Card Number:	
Expiration Date:	Cardholder's Zip code (required):

I authorize DIAL ONE Moore Associates Security Systems to automatically bill the credit card listed above \$ \_\_\_\_\_, every 3 months, beginning on the first day of the month of \_\_\_\_\_.

You may cancel this automatic billing authorization at any time by sending us an email at [info@dialonemoore.com](mailto:info@dialonemoore.com), or by faxing us a note at (626) 444-7770.

Cardholder's signature: X \_\_\_\_\_ date: \_\_\_\_\_