

Savant DSP CREDIT CARD AUTHORIZATION FORM

In order for Savant DSP to accept and bill your credit card on a recurring basis, please complete all fields below, sign, date and email to **accounting@savantdsp.com**. All information kept on file is strictly confidential.

Contact/Billing Information (as shown on credit card):

Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Cardholder Name (as shown on credit card): _____

Credit Card #: _____ Exp. Date: _____

Credit Card Security Code: _____

Total Campaign Amount: \$ _____

Total Recurring Amount To Be Charged Monthly \$ _____

Please check the appropriate box:

☐ Recurring Billing: I hereby authorize Savant DSP to charge the indicated credit card on a monthly basis for the amount due under my agreement with Savant DSP. This Recurring Payment Authorization shall remain in force until cancelled by me in writing.

Authorization:

I hereby authorize Savant DSP to charge the indicated credit card. I agree that this is either a one time or recurring charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must cancel in writing. I will not dispute Savant DSP's recurring billing with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my agreement in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with Savant DSP.

Cardholder Signature: _____ Date: _____