

Payment Consent Form

To:

Customer Information

Name

Customer Number

Address

Payment Information

Cardholder's Full Name

Card Type

Visa

Mastercard

Please complete the information and sign the form below:

In accordance with the Sales Agreement we have made, I hereby authorize the Company to receive monthly payments from my credit card with the card information I have provided.

I acknowledge that the information shall be processed through the _____ who shall be charging my account for the purchases I made. I understand that financial information shall be stored with _____ for future transaction reference for any payment processes that shall be made through the payment gateway facility. I understand that I can withdraw the authorization I have given at any time in writing.

Date

**Cardholder/Customer
Signature**



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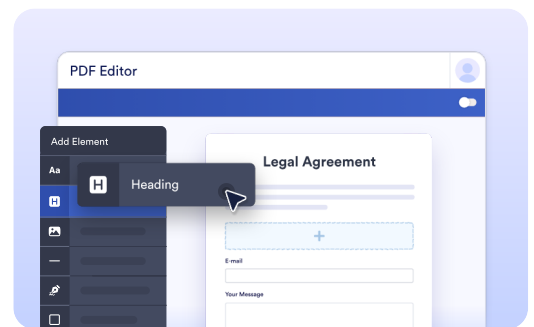
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