

Fax: 1-352-240-3809

Email billing@ncsandassociates.com

Credit Card Authorization

Date: _____ 20_____

I, _____ Service Account# _____
Cardholder's name

Authorize NCS & Associates to charge my monthly purchases and or Services provided to the card information listed below.

For Service Provided By **GTI Technologies**

Card# _____ **Exp. Date:** _____

Security Code on Back of Card _____

Payment Frequency (if not by user online) Daily ___ Monthly ___ Annually ___ Auto Top-Up as Needed

Card Billing Address _____

The undersigned card holder expressly acknowledges that any transactions between the undersigned card holder and NCS is not a consumer credit transaction but rather a transaction between merchants designed to facilitate the sale of goods or services provided.

Card Holder Signature _____ **Date:** _____

Card Owner as on credit card (Please Print):

Card Holder's Billing Address (Please Print):

Official use only

VERIFIED : _____