



Billing Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

CREDIT CARD INFORMATION

Card Type: Mastercard Visa Discover AMEX Other

Cardholder Name: _____ Company: _____

Card Number: _____ Expiration Date (mm/yy): _____ CVV: _____

Billing Address and ZIP code (where statement is received): _____

Notify me by email when my card is charged: _____

BANK ACCOUNT / ACH INFORMATION

I authorize K + R to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Routing Number: _____ Account Number: _____

Account Type: ___ Checking OR ___ Savings
___ Personal OR ___ Business

FREQUENCY OF PAYMENT

One time on _____ for the amount of \$ _____.

Retain my payment information for future authorized payments

Do not retain my payment information

Starting on _____ and subsequently debited each time an invoice is generated for the amount owed on that invoice.

TERMS OF BILLING

I _____ with _____ authorize
K + R to charge my credit card and/or debit my bank account listed above for agreed upon purchases.

Customer Signature _____ Date _____