



### CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the ICS/Purespeedplus to charge the credit card noted below for payment of fees, costs and expenses, which are incurred by myself or any member or employee of the firm, partnership or Professional Corporation, stated below. I certify that I am authorized to sign this form on behalf of my Corporation. The person whose signature appears on the back of the credit card must sign this form.

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

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

Firm Name: \_\_\_\_\_  
(Sole practitioner type in your name)

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email address to who receipt should be sent:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

American Express No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Discover No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

MasterCard No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

VISA No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This form will be kept on file in the Billing office and will remain in effect until specifically revoked in writing and/or the expiration date of the card has passed. It is the responsibility of the firm named above to complete a new **credit card blanket authorization** when a credit card has been renewed or to notify the ICS if the card has been revoked, canceled or stolen.