



### CREDIT CARD ONE TIME AUTHORIZATION FORM

I hereby authorize the ICS/Purespeedplus to charge the credit card one time for the amount entered 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. Please pay for any charges by charging them to this credit card and sending the firm an itemized receipt at the time of each transaction.

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a new **credit card one-time authorization** when a credit card has been renewed or to notify the ICS if the card has been revoked, canceled or stolen.