



40 Executive Drive, Newark, DE 19702
 Phone: (302) 273-3688 / Fax: (302) 525-6886
 www.cvopticsusa.com – office@cvopticsusa.com

RECURRING CREDIT CARD AUTHORIZATION

Customer Information

Contact Name: _____
 Telephone: _____
 Email: _____
 Address: _____

 City, State, Zip: _____

Please fill out, scan, and send completed form via:

Fax:
(302) 525-6886

Mail:
40 Executive Drive,
Newark, DE 19702

Email:
office@cvopticsusa.com

Credit Card Account

Account Type: VISA MASTERCARD DISCOVER AMEX
 Account Number:
 Expiry Date: /
 Security Code:
 Cardholder Name: _____
 Address: _____

 City, State, Zip: _____

Any information sent via E-Mail or Fax is not secure and is being transmitted at sender's own risk.

It is the Customer's responsibility to inform CV OPTICS USA INC of any changes to the billing address, expiration date and/or changes to the card holder's name of credit card account provided.

Authorization

By signing below, I authorize CV Optics USA, Inc. to apply regularly scheduled charges to my specified credit card. I will be charged the amount indicated below for each billing period on day indicated below. A receipt for each payment will be provided to me and the charge will appear on my credit card statement. I agree that no prior notification will be provided unless the date or amount changes, in which case I will receive notice from CV Optics USA, Inc. at least 10 days prior to the payment being collected.

Please select one: Total Balance Due Fixed Amount (up to): _____
 Please select one: First Day of Each Month 15th Day of Each Month

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CV Optics USA, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Authorized Signature: _____ Date: _____