



AUTO-PAYMENT AUTHORIZATION

I authorize my credit card to be charged based on the Commission Agreement dated on the _____ day of _____, 20__.

MONTHLY PAYMENT DATE

ANNUAL PAYMENT DATE

Credit Card Type ___ Visa ___ Master Card

Email Address

Phone:

Credit Card Number

Expiration Date

Name as appears on card:

Billing Address:

CSV Code

Zip Code of billing address

Authorized Signature

Date