

MRI Properties LLC

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Customer name:	Customer account number:	Phone: _____ - _____ - _____
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Payment Information (To be completed by merchant)
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I authorize MRI Properties LLC to automatically bill the card listed below as specified:

Amount: \$ _____	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually (Check only one)
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Start billing on: _____ / _____ / _____	End billing when: <input type="checkbox"/> Contract expires: _____ / _____ / _____ <input type="checkbox"/> Customer provides written cancellation
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Credit Card Information (To be completed by customer)
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MRI Properties LLC accepts the following credit cards: **Visa, MasterCard, American Express, Discover**

Credit card type:	Credit card number:	Expires: _____ / _____
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Cardholder's name:	Cardholder's Zip code (required):
(as shown on credit card)	(from credit card billing address)

Customer's signature:	Date:
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