



AUTOCLERK®
 *It's how you manage.™

REQUEST FOR CREDIT CARD AUTHORIZATION

Please sign and fax to AutoClerk, Inc. at **925-284-3423 Attn: Lynda**

I hereby authorize AutoClerk, Inc. to charge the below mentioned credit card for all items checked:

- _____ ONE TIME charge of \$ _____ for Proposal(s) Attached
- _____ ONE TIME charge of \$ _____ for Invoice(s) # _____
- _____ Recurring quarterly support charges of \$ _____ at the beginning of each quarter.
- _____ All monthly generated invoices generated for ResOnTheWeb commissions

PLEASE CIRCLE ONE OF THE FOLLOWING:

Visa MasterCard American Express

Card #: _____ Expiration Date: _____

V-Code (3 digit code found on the back of the card after last digits of card number) : _____

Name of Card Holder: _____
As it appears on card.

Billing Address of Card: _____

City/State/Zip of Card Holder: _____

Phone No. of Card Holder: _____

Name of Property/Company: _____

Property Address: _____

Property City/State/Zip: _____

Cardholder Signature: _____ Date: _____

Do you need a receipt? YES NO

Please Fax to **925-284-3423 ATTN: Lynda**
 OR Mail to **936 Dewing Avenue Suite G, Lafayette CA 94549**