

## CLIENT CREDIT CARD PRE-AUTHORIZATION

In an effort to better serve our clients and simplify your billing experience, our company accepts credit cards. Credit card information is stored confidentially and securely.

EMAIL TO US: [AC@WEGROWPROS.COM](mailto:AC@WEGROWPROS.COM)

### OPTIONS (choose one)

\_\_\_\_\_ (initial) I hereby authorize GROW PROS SOLUTIONS to perform a one time charge for the balance currently due on my account in the amount of

\$\_\_\_\_\_.

\_\_\_\_\_ (initial) I hereby authorize GROW PROS SOLUTIONS to keep credit card on record for future authorizations.

**\* Please include a copy of a government provide identification where the name matches the one shown on the Credit Card.\***

### CUSTOMER/PAYMENT INFORMATION

Client Name:

Phoe Number:

Client Billing Address:

Street:

City:

State:

Zip Code:

Type of Card:

☐

☐

☐


Card Number

Expiration Date:

Security Code:

(last three digits on card, last four on Amex)

**THE UNDERSIGNED GUARANTEES PERFORMANCE OF THE FINANCIAL PROVISIONS OF THIS AGREEMENT.**

Card Holder Name Appear on the Card

Signature of Card Holder:

Date:

### CHARGE POLICY

\_\_\_\_\_ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

\_\_\_\_\_ (initial) Charges made for actual services performed by our office are non-refundable.

\_\_\_\_\_ (initial) Each Credit Card transaction will include an additional 3.5% processing fee.

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