

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring 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. Return to: accounting@frontlinesourcegroup.com

Customer Information

Company name _____

Contact name _____

Email address _____ Phone () - Ext: _____

Payment Information

I authorize Frontline Source Group Holdings, LLC to automatically bill the card listed below as specified:

Weekly staffing services for your invoice on each due date listed on the invoice for the total amount due for that invoice. You agree that no prior notification will be provided.

Start on _____ / _____ / _____
Month Day Year

End on: _____ / _____ / _____
(check one) Month Day Year

No end date

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover AMEX

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____

Billing Address for Credit Card: _____ Security Code: _____

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature _____

Date _____

customer merchant