



Recurring Payment Authorization Form

☐ New Payment Information ☐ Update Payment Information

Customer Information

Company Name _____
Address _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Payment Information

Payment Type

☐ ACH Checking

Account Holder Name _____
Bank ABA Routing # _____
Account # _____

☐ Credit Card ☐ Visa ☐ MasterCard ☐ American Express

Account Holder Name _____
Credit Card Number _____
Expiration Date/ CVS Code _____
Authorized Signature _____

Authorization

I hereby give UK Advertising, Inc. (May be processed through our DBA Infinity Pro Sports) the authorization to bill the above account information for:

- ☐ My monthly recurring balance associated with my account.
☐ Any ongoing charges associated with my account.
☐ A one time charge of \$ _____

Authorized Signature: _____ Date: _____

PLEASE FAX THE COMPLETED FORM TO (440) 425-8592
This delivers directory to Accounting, not printed on a Fax Machine.

Created with



download the free trial online at nitropdf.com/professional