

CREDIT/DEBIT CARD AUTHORIZATION

(PLEASE PRINT, COMPLETE, SIGN & RETURN THIS FORM)

This form is used for acquiring authorization to receive credit card/debit payment(s)

Customer Name: _____

Contract # _____

Yes, I would like to authorize the use of my credit card/debit to make payment(s) on my Engs Commercial Finance Co. ("ECF") account(s) as indicated below. As a duly authorized signer on the credit card/debit account identified herein, I authorize ECF and its successors and assigns to charge the amount listed below to the credit card/debit provided herein. I agree to pay for this charge(s) in accordance with the issuing bank cardholder agreement. ECF may, in its sole discretion, accept a photocopy, electronically transmitted facsimile or other reproduction of this form as the binding and effective record whether or not an ink signed copy hereof is also received by us from you as the binding and effective record.

Please enter your Credit Card/Debit Information below:

Billing Address: _____

(PLEASE PROVIDE COMPLETE STREET ADDRESS)

City: _____

State: _____

Zip Code: _____

Email Address: _____

Telephone No.: _____

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Authorization

(SECURITY CODE)# _____

I authorize a one-time charge against my credit card/debit for my monthly rental\installment payment for the above-referenced contract#: _____ \$ _____

I authorize a recurring charge against my credit card/debit for my monthly rental\installment payment for the above-referenced contract#: _____ \$ _____

CREDIT/DEBIT CARD PROCESSING FEE-- All transactions will be assessed a card processing fee of 3.0% of the total amount being charged per transaction. This fee will be charged in addition to the recurring payment amount. \$ _____

TOTAL CHARGE (PER MONTH) \$ _____

START DATE: _____

DECLINED PAYMENTS - For recurring or installment transactions returned as "declined", Engs will attempt to process the transaction a total of **five (5) times** on subsequent days. If after 5 attempts your card is still declined, your recurring payments will be suspended.

Email submission of this form is considered my digital signature and authorization to charge my credit card/debit. I certify that the above statements and information made in this agreement are true and correct. I am authorized to effect charges to the above credit card/debit number.

Signature: X _____

Print Name: _____ Date: _____