



# Infinedi

ELECTRONIC DATA INTERCHANGE

## Automatic Payment Authorization Form

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Company Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

### **CREDIT CARD**

Name on Credit Card: \_\_\_\_\_

Card Type (circle one): VISA Mastercard Discover AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification #: \_\_\_\_\_

### **E-CHECK**

Name on Checking Acct: \_\_\_\_\_

Routing #: \_\_\_\_\_

Acct #: \_\_\_\_\_

I have authorized **Infinedi, LLC** to charge the following to my credit card (check all that apply):

\_\_\_\_\_ One Time Process Only in the Amount of \$ \_\_\_\_\_

\_\_\_\_\_ Automatic Payment of Monthly Invoice  
(credit card receipt will be mailed with monthly invoice)

I agree to be solely responsible for all charges stated in the Mutual Agreement (on a monthly basis if requested) made by **Infinedi, LLC** while a client. Charges will be immediately stopped when our contract with **Infinedi, LLC** is terminated.

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax This Form To: 918-249-4460**