

# Auto Payment Plan Credit Card Authorization

Please complete this form if you would like to sign up for A&E's Auto Payment Plan. This optional service allows account holders to use a credit card securely stored on file with A&E to pay their balance each month.

**Please select one of the two options below:**

- Auto Pay Balance  
(Charge my card for the monthly balance at the beginning of each new period and mail receipt)
  
- Pay Balance with Authorization  
(Wait for my authorization each month before charging my card for the monthly balance and mailing receipt)

### Card Information

Company: \_\_\_\_\_

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

Billing Zipcode: \_\_\_\_\_

Visa / MC / AmEx / Discover: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ on behalf of (Company) \_\_\_\_\_ , authorize A&E Printing, Inc. to charge the credit card account above for payments owed to my account for merchandise or services that have been ordered from A&E Printing, Inc. I certify that I am an authorized user of this credit card who is providing this credit card information on behalf of (Company) \_\_\_\_\_ .

I certify that the information above is correct to the best of my knowledge and agree to notify A&E of changes in card information. (Company) \_\_\_\_\_ agrees to all terms and conditions as published by A&E Printing, Inc. and agrees to pay all invoices in accordance with the agreed upon terms of payment. All credit card transactions are subject to a \$5 minimum.

\_\_\_\_\_  
Signature of Duly Authorized Representative and Title

\_\_\_\_\_  
Date