



## Credit Card Authorization Form

I hereby authorize *CSi Complete* to charge my monthly call and report fees to:

<b>Circle One:</b> MasterCard   Visa   American Express
<b>Card Number:</b> _____
<b>Expiration Date:</b> ___/___
<b>Name as it appears on the card:</b> _____
<b>Shop Name:</b> _____

This authorization can be revoked only by written notification to *CSi Complete* at 8080 Corporate Blvd., Plain City, OH 43064. Upon receipt of such notice, *CSi Complete* will issue monthly billings for call and report fees which, unless otherwise agreed, will be due upon receipt.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Title:** \_\_\_\_\_

800.343.0641 x165  
Fax 888.295.3071