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## CREDIT CARD ON FILE FORM

THIS CARD WILL BE KEPT ON FILE FOR ALL FUTURE INVOICES

### Credit Card Information

Name, as it Appears on Card: \_\_\_\_\_

Last Four Digits of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*To comply with credit card security requirements, we will call you for the full card number once we receive this form. Please do not write in your full card number anywhere on this form or in any email correspondence.*

Name, as it Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Charge Information

Customer Name: \_\_\_\_\_

I authorize Cervion Systems to keep my payment card information and signature on file in order to charge this card for any current and future balances due. This authorization shall remain in effect until cancelled by providing 45 days written notice. All sales are final and non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return to Accounting@Cervion.com**