



Credit Card Billing Authorization Form

Credit Card Billing Information

Company Name:	
Person Authorizing:	
Card Type:	
Card Number:	
CVC/Security #:	
Expiration Date:	
Billing Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Fax Number:	

Please Select One of the Following Payment Options:

Once	Bill my credit card once for the following amount:	
	Bill my credit card for the following invoice(s):	
Upon Due Date	Bill my credit card upon the due date of each invoice on an ongoing basis	

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated at Jungle Sources discretion, if any charges are declined or charge backs are claimed against any outstanding invoiced amounts.

Applicants agree that an additional convenience fee of 2.4% (3.0% for AMEX) shall be automatically added to the total invoice amount (Except for those located in California, Colorado, Connecticut, Florida, Kansas, Maine, Massachusetts, New York, Oklahoma, or Texas)

Disputes regarding amounts invoiced should immediately be reported to canderson@junglesource.com

If any changes in the status of this card should occur please contact canderson@junglesource.com immediately

I hereby authorize Jungle Source to charge my credit card as specified above.

Authorized Signature: _____

Date: _____