



Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us. Return to: accounting@frtline.com

customer merchant

Customer Information	
Company name	_____
Contact name	_____
Email address	_____ Phone () - Ext: _____
Payment Information	
I authorize Frontline Source Group, Inc to automatically bill the card listed below as specified:	
Weekly staffing services for your invoice on each due date listed on the invoice for the total amount due for that invoice. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided.	
Start on _____ Month / Day / Year	End on: <input type="checkbox"/> _____ (check one) Month / Day / Year
	<input type="checkbox"/> No end date

Credit Card Information (to be completed by customer)	
Card type	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder name _____ (as shown on card)	Cardholder ZIP Code _____ (from credit card billing address)
Card number _____	Expires _____ / _____
Billing Address for Credit Card: _____	Security Code: _____
<input type="checkbox"/> Notify me via email when my credit card is charged. (Make sure email address above is correct.)	
Customer's signature _____	Date _____