



AUTHORIZATION FOR CREDIT CARD PAYMENT

CLIENT NAME:

CHARGES: One Time Charge of

All Charges to this account

I (We) hereby authorize CMP Consulting Services, Inc. to initiate, on the invoice due date, debit entries to the account indicated below :

CARDHOLDER NAME:

BILLING ADDRESS:

CITY:

STATE:

ZIP:

CREDIT CARD NUMBER:

CREDIT CARD TYPE: Visa MasterCard American Express

EXPIRATION:

This authorization is to remain in full force and effect until CMP Consulting Services, Inc. has received written notification from me (us) of its termination in such time and in such manner as to afford CMP Consulting Services, Inc. and the bank a reasonable opportunity to act on it.

Cardholder's Signature

Name

Title

Date

