

Concrete Visions, LLC

7526 Connelley Dr Ste G
Hanover, MD 21076
Phone: (410) 766-2210
Fax: (410) 630-5515
www.concretevisions.ws



Credit Card Payment Authorization Form

Sign and complete this form to authorize **Concrete Visions LLC** to make a one-time debit, or to keep your credit card listed below on file.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction or to keep your card on file as noted below, and does not provide authorization for any additional unrelated debits or credits to your account.

There is a 3.5% processing fee for credit card transactions. There is no fee for debit card transactions or ACH payments. Please contact the office for ACH information. To pay your invoice(s) online, visit <http://www.cardx.com/pay-concretevisions>.

Please complete the information below:

I _____ authorize **Concrete Visions LLC** to charge my credit card
(Full Name)
account indicated below for _____ on or after _____. This payment is for
(Amount) (Date)

Ground Penetrating Radar and/or Subsurface Investigation.
(Description of Services)

Company Name _____ Phone# _____
Billing Address _____ Fax# _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

One Time Use Only _____ (Yes/No) -or- Keep On File For _____ Months

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.