

Automatic Credit Card Billing Authorization Form

**Seeds of Light  
Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic 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 the charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

**Customer Information**

Customer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address (to receive SOL e-newsletter and updates): \_\_\_\_\_

**Payment Information**

I authorize Seeds of Light to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Frequency:  One time  Monthly  Quarterly  Annually (Check only One)

Start Billing On: \_\_\_\_/\_\_\_\_/\_\_\_\_ End billing when:  Contract Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer provides written cancellation

**Credit Card Information**

Seeds of Light accepts the following credit cards: **Visa, MasterCard, American Express, Discover**

Credit Card Type: \_\_\_\_\_ Credit Card number: \_\_\_\_\_ Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cardholder's name: \_\_\_\_\_  
(as shown on credit card)

Cardholder's credit card billing address (required):

\_\_\_\_\_  
(Address) (City) (State) (Zip code)

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_