

CLIENT CREDIT CARD PRE-AUTHORIZATION

In an effort to better serve our clients and simplify your billing experience, our company accepts credit cards. Credit card information is stored confidentially and securely.

EMAIL TO US: AC@WEGROWPROS.COM

OPTIONS (choose one)

_____ (initial) I hereby authorize GROW PROS SOLUTIONS to perform a one time charge for the balance currently due on my account in the amount of

\$_____.

_____ (initial) I hereby authorize GROW PROS SOLUTIONS to keep credit card on record for future authorizations.

*** Please include a copy of Credit Card with this authorization form. Ensure that all information matches.***

CHARGE POLICY

_____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

_____ (initial) I understand that all charges made are final and will not make charge-back attempts for any authorized purchases.

_____ (initial) I understand that any chargeback or dispute on payment made for any reason, I will be fully responsible for any and all charges, fees, and costs incurred as a result of the chargeback. This includes, but is not limited to, any administrative fees, processing fees, or penalties imposed by our payment processors.

CUSTOMER/PAYMENT INFORMATION

Client Name:

Phone Number:

Email:

Client Billing Address:

Street:

City:

State:

Zip Code:

Card Number



Expiration Date:

Security Code:

(last three digits on card, last four on Amex)

THE UNDERSIGNED GUARANTEES PERFORMANCE OF THE FINANCIAL PROVISIONS OF THIS AGREEMENT.

Card Holder Name (As it Appears on the Card)

Signature of Card Holder:

Date:

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