

**LIEN ON US**  
**CREDIT CARD BILLING AUTHORIZATION FORM**  
**FAX TO: 559-673-9064**

**Credit Card Billing Information**

Company Name/Name on Card: \_\_\_\_\_

Authorizing Person if Diff From Card: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Number (3 digits on the back): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

<b><u>Please select one of the following payment options:</u></b>		<b><u>Initial next to your choice</u></b>
<b>Once</b>	Bill my credit card once for the following amount: \$	
	Please apply payment to the following invoice:	
<b>Monthly</b>	Bill my credit card once per month on the statement date for the amount of services rendered the previous month.	
<b>Multiple</b>	Bill my credit card <b>EACH</b> time you process liens for our company.	

Applicant agrees that all information provided is accurate and complete. Changes in the status of this card must be reported immediately. Applicant acknowledges that the mailing of liens may be delayed at Lien On Us' discretion if any charges are declined. Disputes of amounts invoiced should immediately be reported to lienonus05@yahoo.com or 559-673-9062.

The undersigned is the authorized representative of the company named above.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_