DIRECTPAY

How professionals take charge.

Credit Card Processing Information

I, _____, hereby authorize **DirectPay** to charge the following

credit card account for _____.

This payment agreement will be in effect until services have been completed or are ended by request of the client either verbally or in writing.

Credit Card Information:

Card Type: ViSA   MASTERCARD   AMEX   DISCOVER

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____
                    Street or P.O. Box

                    _____
                    City   State   Zip

Amount: _____

Billing Cycle: _____

E-mail Address: _____

Cardholder's Signature: _____