



3855 E. 96th Street, Suite P  
Indianapolis, IN 46240  
O: 317-569-1855  
F: 317-569-1809  
www.PIPMetroIndy.com

## Credit Card Authorization Form

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### Credit Card Information:

Company/Organization Name: \_\_\_\_\_

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

Credit Card Type:    Visa             AMEX             Discover             MasterCard   
(Please Select One)

Credit Card Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Name On Card: \_\_\_\_\_

### Billing Address Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Please send me receipts:    Email             Mail             None

Does this card require prior authorization before running?    Yes             No

*In these situations, we will call you with your invoice amount for approval to run the card on file.*

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

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Please Return This Page To:

PIP Metro Indy  
3855 E. 96th Street, Suite P  
Indianapolis, IN 46240  
O: 317-569-1855  
Accounting@PIPMetroIndy.com

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PIP Metro Indy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that PIP Metro Indy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$45 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.