

CHARGE CARD AUTHORIZATION FORM

Please provide VITAC with permission to accept and bill your charge card. Complete all fields, sign, date and return via fax or mail. All information is confidential. Call 724-514-4000 with any questions.

Fax: 724-514-4111

Mail: VITAC - 101 Hillpointe Drive, Canonsburg, PA 15317

Project Name: _____

Cardholder Name (as shown on card): _____

Company Name (if applicable): _____

Street Address: _____

City, State/Prov & Zip/Postal Code: _____

Phone Number: _____

Email: _____

Card Type: ____ Visa ____ MasterCard ____ AmEx ____ Discover

Charge Card No: _____ Expiration Date: _____

Security Code (3 digit number on the back of card, 4 digits for Amex): _____

OneTime or Future Billing:

Check box one (One – Time Billing) if you prefer to provide charge card information per job. Check box two (Future Billing) if you prefer VITAC to keep your information on file.

ONE – TIME BILLING: I hereby authorize VITAC to charge my charge card the amount indicated on the invoice. This is a onetime charge authorization. I am not authorizing VITAC to setup my account within a recurring billing system. I understand that if I wish VITAC to charge any balances to my charge card in the future, I will need to submit another authorization form at that time or choose the selection below.

FUTURE BILLING: I hereby authorize VITAC to charge my charge card the amount indicated on the invoice and understand that my charge card information will be held on file and kept confidential.

Authorization: I hereby authorize VITAC to charge the charge card indicated above. If the future billing option was selected, I will not dispute VITAC billing my charge card issuer so long as the amount in question was not for service rendered prior to the effective termination date. I agree that I will not dispute any charges from VITAC unless I have already attempted to rectify the situation directly with VITAC in good faith and those attempts have failed. I certify that I am the legal cardholder for this charge card, and that I am legally authorized to enter into this onetime or recurring billing agreement with VITAC.

Signature of Card Holder: _____ Date: _____

Pittsburgh

[Corporate Headquarters]

101 Hillpointe Drive
Canonsburg, PA 15317-9503
(800) 278-4822
(724) 514-4000
Fax (724) 514-4111

Los Angeles

4605 Lankershim Boulevard, Suite 250
North Hollywood, California 91602
(888) 528-4822
(818) 755-0410

Washington DC

1501 Wilson Boulevard, Suite 1003
Arlington, VA 22209
(703) 807-2766