



# CHARGE CARD AUTHORIZATION

## 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]

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(724) 514-4000  
Fax (724) 514-4111

### Los Angeles

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North Hollywood, California 91602  
(888) 528-4822  
(818) 755-0410

### Washington DC

1325 G St. NW, Suite 200  
Washington, DC 20005  
(202) 697-4500  
Fax (202) 879-9491