



# Account Information Form

Fax Back to 201-891-5878

Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Monthly Credit Card Authorization

( ) VISA ( ) MasterCard ( ) American Express

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

Expiration Date: \_\_\_\_ / \_\_\_\_ VID Code: \_\_\_\_\_

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

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

As the credit card holder, I authorize ZiramiX to charge my credit card monthly for due balances.

Late accounts will be charged an additional late fee equal to 2.5% of the existing balance on a month-to-month basis. In the event of a dispute between the cardholder and ZiramiX over any charge, the cardholder agrees to be responsible for all attorney fees if the dispute requires legal council.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. ZiramiX, LLC will keep all information entered on this form strictly confidential.