



3001 W Loop 250 N, Suite C105-324
Midland, TX 79705

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. Contact us to cancel this automatic billing authorization at any time.

Customer Information

Customer/Company _____

Contact Name _____ Account Number _____

Email Address _____ Phone Number _____

Payment Information

I authorize Westechs to automatically bill the card listed below as specified:

Product/Service description _____

Recurring amount \$ _____

Frequency (circle one) Once Daily Weekly Twice/month Monthly Quarterly

Start on _____ / _____ / _____ End on
Month Day Year (check one) _____ / _____ / _____
Month Day Year

No end date

Credit Card Information

Card type Mastercard Visa Discover AMEX Other

Cardholder name _____ Cardholder Zip Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____
(as shown on card) (from credit card billing address)

Notify me via email when my card is charged. (Make sure email address above is correct)

Signature _____

Printed Name _____ Date: _____

Thank you for the opportunity to serve you.