

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/Co	mpany
Contact Name	e Account Number
Email Address	s Phone Number
Payment Info	ormation
I authorize W	estechs to automatically bill the card listed below as speficied:
Product/Servi	ice description
Recurring am	ount \$
Frequency (ci	ircle one) Once Daily Weekly Twice/month Monthly Quarterly
Start on	End on
	[] No end date
Credit Card I	nformation
Card type [] Mastercard [] Visa [] Discover [] AMEX [] Other
Cardholder na	ame Cardholder Zip Code
(as shown on car	'
Card number	Expires /
(as shown on car	rd) (from credit card billing address)
	[] Notify me via email when my card is charged. (Make sure email address above is correct)
<u>s</u>	ignature
P	Printed Name Date:
_	Thank you for the opportunity to serve you.