

Imagine Possibility, LLC

Serving Clients in Maryland, Virginia, and Washington, DC since 1992

Tax ID # 81-2389261

1 Research Ct., #335, Rockville, MD 20850 ~ Office: 301-330-8251

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started.

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card.* You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under \$5,000.00. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Imagine Possibility, LLC to charge my credit card
(full name)

indicated below on the 1st of each month for payment of my invoice for services rendered.

I understand that I will only receive advance notice of the charge if it exceeds \$5,000.00.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV _____

*_____ The above listed credit card is my primary Method of Payment.

_____ The above listed credit card is NOT my primary Method of Payment and I will pay by check upon receipt of invoice.

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.