



# Martini, Hughes & Grossman

900 Linton Blvd Ste 201

Delray Beach, FL 33444

Local: 561-266-9877 Fax: 561-266-9887

## AUTHORIZATION FOR CREDIT/DEBIT CARD PAYMENTS

In consideration of the goods, products and/or services provided to me by \_\_\_\_\_ and to be collected by MHG, LLC, as listed above, I hereby authorize MHG, LLC to initiate an electronic credit/debit card payment to my account, indicated below, using the electronic merchant system, named below, and to debit the same to such account for the amount, and if I so choose, a reoccurring payment frequency as listed below. I acknowledge that the origination of Credit Card authorizations to my account must comply with the provisions of U.S. law.

### ACCOUNT INFORMATION – Please print clearly or submit a copy of the front and back of your Card.

Name on Card: _____	Billing Address: _____
Signature: _____	_____
Date: ____/____/____	Phone: _____

Credit Card Number: _____	Exp: _____	CVV: _____ <small>(3 digits, 4 for AMEX)</small>
This is a:    Visa _____    MasterCard _____    Amex _____    Other _____ <small>(If starts with 3 – Amex, 4 – Visa, 5 – MasterCard, 6 – Discover)</small>		
Is this account: <input type="checkbox"/> Credit <b>or</b> <input type="checkbox"/> Debit <input type="checkbox"/> Personal <b>or</b> <input type="checkbox"/> Business		

### PAYMENT TERMS

Frequency (Check One):	<b>One-Time</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Other Basis</b>
Terms: _____		Starting: ____/____/____		
Draft Date	Amount	Draft Date	Amount	
_____				
Total Number of Payments: _____		Total Amount to be Debited: _____		

The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until the MERCHANT has received written notification from me of termination in such time and in such manner as to afford the MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting the MERCHANT directly, at the address and phone number listed above.

For Office Use Only:			
Case Number: _____	Client: _____	Coll: _____	
PIF: _____	SIF: _____	PPA: _____	Other: _____