



Martini, Hughes & Grossman

955 NW 17th Ave. Bldg A

Delray Beach, FL 33445

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

**All Payments by credit card will incur a service fee of 3%. Payment by credit card is not required.*

PAYMENT TERMS

Frequency (Circle One): One-Time, Monthly, Weekly, or Other Basis			
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: _____