

# A Boutique for the Soul<sup>®</sup>

4833 Front Street, Unit B-403, Castle Rock, CO 80104 303-814-8482 303-814-8489 Fax





## AutoPayment Form

CLIENT INFORMATION	
Name	Title
Address	City, State, Zip
Phone / Fax	E-mail

MANAGEMENT INFORMATION		
Manager	Phone/Fax	Email

### AutoPayment Authorization

By signing below, Client authorizes **Boutique for the Soul** dba SalesAdvantageMarketing to process for payment any outstanding invoices due to Boutique for the Soul utilizing the Client's credit card information below. This authorization shall remain in effect until such time that **Boutique for the Soul** is notified, in writing, that the authorization is revoked.

Payment Details:				
<b>Credit Card Type</b> (Select one)	<input type="checkbox"/>  American Express	<input type="checkbox"/>  Visa	<input type="checkbox"/>  MasterCard	<input type="checkbox"/>  Discover
<b>Credit Card Number</b>				
<b>Name on Credit Card</b>				
<b>Signature of Cardholder</b>				
<b>Expiration Date on Card</b> (MM/YYYY)		<b>3-digit Privacy Code on back signature line of card</b>		

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_