





# Auto Payment Form

4833 Front Street, Unit B, BOX 403, Castle Rock, CO 80104 866-433-2095 Fax

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

## Auto Payment Authorization

By signing below, Client authorizes **Boutique for the Soul** 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. Please do not write the amount to be paid on this form. The corporate office will confirm the amount with you prior to being charged.

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</b> on back signature line of card		

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

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

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