

# LensWork Publishing

## Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing and receive *LensWork* or *LensWork Extended* without interruption, simply complete the Credit Card Information section below and check the signature box to indicate your approval. All information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement in the month following the charge. You may cancel this automatic billing at any time by contacting us.

### Customer Information

Customer Name: \_\_\_\_\_

Address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Country:    USA        Other Country: \_\_\_\_\_

### Payment Information

I authorize LensWork Publishing to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_      Frequency:      Annually              Semi-annually

Automatic billing begins with the next cycle (*Billing takes place on about the 10th of the month*)

End billing:      When customer provides written cancellation or,  
on \_\_\_\_\_ (*mm/yyyy*)

### Credit Card Information

LensWork Publishing accepts the following credit cards: Visa, Mastercard, American Express

Card type:      Visa              Mastercard              American Express

Confirm the **LAST FOUR DIGITS ONLY**: \_\_\_\_\_ Expires \_\_\_\_\_  
*(We will use the same credit card as your original online or phone order.)*

Card holder's name: \_\_\_\_\_  
*(As the name appears on the credit card)*

Card holder's Zip Code: \_\_\_\_\_  
*(Per the billing address for the credit card)*

**Customer's approval:**      Your checkmark in this box is your approval for this automatic credit card billing.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (*month/day/year*)