



JACOB MARKETING, INC.

Jacob Marketing Inc. "JMI"
Credit Card Authorization Form
PO Box 31568 – Knoxville, TN 37930
Sales Department 865-693-9855
Fax 888-278-7199
Sales@JacobMarketingInc.com

Customer Information:

Company / Account Name _____

Contact Person / Title _____

Phone Number ____ - ____ - ____ Fax # ____ - ____ - ____

Payment Information: I authorize JMI to automatically bill the card listed below as specified:

PAYMENT IN FULL:

One time charge of \$ _____ on ____/____/____.

PAYMENT OPTIONS:

Amount \$ _____ Initial Deposit – Charge on _____

Amount \$ _____ Monthly Payments:

Begin charging ____/10th or ____/25th each month through ____/10th or ____/25th/_____

This form will serve as a back up in the event a check is not received by JMI within 45 days after the date of the invoice.*

Comments: _____

Credit Card Information:

Credit Card Type: _____ Credit Card Number: _____

Expires: ____/____ Security Code _____

Cardholder's Name: _____

Cardholder's Billing Address: _____

Cardholder's Billing Zip Code: _____

Customer's Signature

Date

***Credit Card Backup:**

I agree if I contract to pay JMI by check I understand my payments are due "net 30" and in the event I do not pay by the 15th of the following month my credit card will be charged that late payment on the 15th of the month following when the payment was due.

Customer's Signature

Date