

Seeds of Light Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and the charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information

Customer name: _____ Phone: _____

Email address (to receive SOL e-newsletter and updates): _____

Payment Information

I authorize Seeds of Light to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: One time Monthly Quarterly Annually (Check only One)

Start Billing On: ____/____/____ End billing when: Contract Expires: ____/____/____

Customer provides written cancellation

Credit Card Information

Seeds of Light accepts the following credit cards: **Visa, MasterCard, American Express, Discover**

Credit Card Type: _____ Credit Card number: _____ Expires: _____/_____/_____

Cardholder's name: _____
(as shown on credit card)

Cardholder's credit card billing address (required):

(Address) (City) (State) (Zip code)

Customer's signature: _____ Date: _____