

CREDIT CARD AUTHORIZATION

For accounts 60 days past due

Required Information:

Customer Name _____

Billing Name _____

Billing Address _____

Credit Card Address _____

(If different from billing address)

Type of Card ___ VISA ___ MASTERCARD ___ AMEX

Name as printed on Card _____

Card Number _____

Expiration Date _____ *CID# _____

**CID is 3 digit code on back of card or 4 digit code on front of Amex*

LETTER OF AUTHORIZATION

I authorize **CBG** to charge my credit card provided for all invoices 60+ days past due. I understand that if any changes with my credit card information occur, I must contact **CBG** immediately. I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate.

Failure to notify **CBG** of any changes and/or refusal to charge any past due invoices to the authorized credit card provided above may result in discontinuance of any further credit extended.

Authorized Signature _____

Print Signature: _____ Date: ____/____/____

Bank Reference:

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Bank Account No.# _____

AGREEMENT

Terms:

All invoices payable within thirty (30) days, unless noted otherwise. A service charge of 1.5% per month (18% annual percentage rate) will be added to the unpaid balance after 31 days from invoice date. Customer agrees to pay all penalties, service charges, collection costs, reasonable attorney/court fees incurred in account collection, or the maximum allowed by law.

Applicant also authorizes and gives permission to **CBG** to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report. You also authorize **CBG** to contact the credit references listed and hereby give permission to those references listed to release information about your credit experience with them.

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

PERSONAL GUARANTEE

The undersigned, in their personal and individual capacity, guarantees prompt payment of any and all past due, present, or future purchase of said _____ together with interest at the rate of one and one-half (1.5%) percent per month (18% annual percentage rate) on any unpaid, and any and all attorney fees on the amount of open account and interest due if in the even the account is place in the hand of an attorney for collection.

_____	_____	_____
Guarantor (In Individual Capacity)	Print Name	Date
_____	_____	_____
Second Guarantor (If Applicable-In Individual Capacity)	Print Name	Date
_____	_____	_____
Witness	Witness	Date