



Credit Card Auto-Pay Authorization

For the convenience of our customers, Warehouse Options is pleased to provide Credit Card Auto-Pay. To have your invoices automatically billed to your credit card each month, please read the following agreement, fill out the requested information, and return this form to our office at the address below. Invoices paid through Auto-Pay will be mailed to you with the date of the charge noted on the invoice. If you have any questions about an invoice, or about our Auto-Pay program, please call us at (719) 390-1900.

By enrolling in Warehouse Options' Credit Card Auto-Pay program, I understand that:

- My credit card will be charged until I provide written notice, with my signature, notifying Warehouse Options that I would like to discontinue automatic payments.
- Charges for most invoices will be processed on the date of the invoice, however, due to billing cycles, holidays, etc., it may be billed several days prior to, or following, the invoice date.
- If I have an outstanding balance on my account when I initiate this agreement, that balance will be charge immediately.
- My payment will not be posted to my Warehouse Options account if the credit card transaction is not approved for any reason, including an expired card or closed account.
- If a payment is rejected, any invoices not covered will be considered unpaid and will be subject to interest charges. If I dispute my bill amount, want to stop a payment, or change the credit card used, I must submit my request in writing to Warehouse Options.
- Warehouse Options does not charge a fee for this Auto-Pay service, however, Warehouse Options is not responsible for any fees charged by my credit card company.
- If Warehouse Options is charged any fees due to an invalid credit card or a payment not covered, I will be responsible for those fees.

Please fill out the following information: (Please Print)

Name (as it appears on your card): _____

Billing Address (as it appears on credit card statement): _____

Credit Card Number: _____ **Expiration Date** (mm/yy): ____/____

Type of Credit Card: Master Card Visa American Express **Security Code:** _____

By signing below, I authorize Warehouse Options to initiate charges and, if necessary, initiate adjustments for any entries made in error to my account indicated above. This authority will remain in full force and effect until Warehouse Options has received a written notice of its termination in such time and manner as to afford Warehouse Options a reasonable opportunity to act on it. Warehouse Options reserves the right to cancel this agreement at any time.

Signature: _____ Date: _____