**Texas Home Base** phone: 1-866-766-2095 fax: 1 (940) 766-2265

1530 P B Lane Wichita Falls, Texas 76302-2612 www.texashomebase.com

### Credit Card Authorization Form

**SCANNING SERVICE ONLY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Texas Home Base Mail Forwarding Service, to charge my credit card account in the amount of:

## (Check the amount below that applies to your needs)

( ) $200.00 for annual “SCANNING” service ***OR***

( ) $75.00 for 3 month “SCANNING service

**AND**

( ) $50.00 POSTAGE ACCOUNT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I WILL NEVER WANT MAIL FORWARDED TO ME

I WILL NOT BE FUNDING A POSTAGE ACCOUNT

***\*\*CHARGE MY CREDIT CARD WITH A TOTAL OF: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\****

( ) Visa ( ) MasterCard ( ) Discover

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ VID Code: \_\_\_\_\_\_\_\_\_ (last 3 #s on back of card)

Credit Card Holder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: ( ) USA ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

As the credit card holder, I authorize Texas Home Base Mail Forwarding to charge my credit card for the amount designated above. I also agree that Texas Home Base has permission to renew my postage account balance back to $50.00 when it drops below $10.00 using this card (if I have funded a postage account) and renew my contract the month that it will expire. If I do not wish to renew my contract I will inform Texas Home Base before the contract expiration date.

Card Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial *\_\_\_\_\_\_\_\_\_\_ I authorize Texas Home Base to charge this credit card for future service as described above*.**

**Your completion of this authorization form helps us to protect you, our valued client, from credit card fraud. Texas Home Base will keep all information entered on this form strictly confidential.**