



PO Box 782302 • Wichita, KS 67278-2302 • (316) 651-0551 Fax (316) 651-5868 • WWW.PENPUBLISHING.COM

Pen Publishing Interactive, Inc. 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 your total 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: _____ Company Name: _____ Phone: _____
_____ - _____

Payment Information

I authorize Pen Publishing Interactive, Inc. to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
(circle one) Quarterly Semi-Annually Annually

Start billing on: ____ / ____ / ____ End billing when customer provides written cancellation

Credit Card Information (To be completed by customer)

Pen Publishing Interactive, Inc. accepts the following credit cards: **Visa, MasterCard, Discover, American Express**

Credit card type: _____ Credit card number: _____ Expires: _____
_____ / _____

Cardholder's name: _____

(as shown on credit card)

Cardholder's Address (required): _____ Cardholder's Zip code (required): _____

(credit card billing address)

(from credit card billing address)

Customer's signature: _____ Date: _____
