Fundamental Real Estate Network
Of Georgia, Inc.
3641 Eldeberry Ct.
Snellville, GA 30039
Office: (770) 864-5498
Fax: (770) 864-5530
www.FundamentalRealEstateNetwork.com

CREDIT CARD BILLING AUTHORIZATION FORM

I _____PRINT_____, authorize ***Fundamental R/E Network of GA, Inc.*** to keep my signature on file and charge my credit card account on the basis specified below and for the amounts I owe. I understand that this authorization remains valid unless I cancel such authorization through prior written notice. I also agree to contact ***Fundamental R/E Network of GA, Inc.*** if there are any changes to my credit card account information.

CREDIT CARD BILLING INFORMATION

Cardholder Name: Exact Name as it appears on Card.	
Cardholder Billing Street Address:	
City, State, Zip Code:	
Telephone/Fax Number:	**PH: ( ) /FX: ( )**
E-mail Address:	
Credit Card Type:	**[ ] American Express [ ] Visa [ ] Master Card [ ] Discover**
Issuing Financial Institution/Bank:	
Credit Card Number:	
Expiration Date:	
CVC Number/Back Side	American Express (last 4 digits CVC numbers)_____ Visa/MC/Discover (last 3 digits CVC numbers)_____

Payment Option

Once	**Bill my Credit Card only Once for the following Amount:**	**$**
	Apply this payment to the following insertion Order/Invoice #:	**#**
Monthly	**Recurring Payment Authorization: Bill my credit card once per month for the amount of the service plan provided for all contracts with *Fundamental R/E Network of Georgia, Inc.***	**$**

Recurring Payment Authorization: Bill my credit card once per month for the amount of the service plan provided for all contracts with *Fundamental R/E Network of Georgia, Inc.* Applicant agrees that all information provided herein is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at ***Fundamental R/E Network of Georgia, Inc.*** discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amount invoiced and/or changes of this credit card should immediately be reported to: **Admin@FundamentalRealEstateNetwork.com**

The undersigned is duly authorized cardholder for the credit card referenced above.

_____ _____
Cardholder Signature **Date**

FOR OFFICE USE ONLY: Rcvd Date:_____ Accounting Dept Processed Date:_____ By:_____
Online Pymnt Terminal Added: _____ Subscript ID#: _____ Effective: _____
Invoice #:_____ Fee Amounts:_____ Other: _____
Merchant Authorization Code:_____ Merchant Processing Date: _____ Merchant:_____