



REALIFE LLC

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete and return this 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.

Customer Name:

Phone:

I authorize REALIFE LLC to automatically bill the card listed below as specified:

Amount: \$ _____ *enter the amount due on your monthly bill*

Credit card will be charged for this amount monthly.

Start Billing on: ___/___/_____ (mm/dd/yyyy) *Payment date must be between the 28th of the current month and the 10th of the next month, for example: July Invoice is sent on June 28th and due on July 10th.*

End billing when customer provides written cancellation.

CREDIT CARD INFORMATION

Type:

Visa

MasterCard

AmEx

Discover

Card Number: _____

Expires: ___/___ (MM/YYYY)

Name on card: _____

Cardholder's ZIP Code (*required*) _____

Customer's signature

Date