

DynaSis Integrated Systems  
1100 Old Ellis Road, Suite 300  
Roswell, GA 30076  
Attn: Accounts Payable

New  
 Change

### Credit Card Authorization Form

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned being an authorized signer of the following account, hereby authorize DynaSis to automatically charge the credit card below for monthly recurring charges of \$ \_\_\_\_\_ starting \_\_\_\_\_.

And, authorized individual invoices: \_\_\_\_\_

Do you require an invoice?  Yes  No

Credit Card                       ACH (electronic transfer)

<p><b>Credit Card:</b></p> <p><input type="checkbox"/> Visa                      <input type="checkbox"/> MC                      <input type="checkbox"/> Amex</p> <p>Credit Card Number: _____ Exp Date _____</p> <p>Name on Credit Card: _____</p> <p>Billing Address of Credit Card: _____</p> <p>_____</p> <p>CVV Number: _____</p>
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<p><b>ACH:</b></p> <p>Routing Number:</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>Account Number:</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>Name on Account: _____</p> <p>Phone Number on Account: _____</p>																				

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Person / Telephone / Email in case of any questions on this authorization:

*Please fax completed information to 770-569-4665, or you can send this as an email attachment to [accounting@Dynasis.com](mailto:accounting@Dynasis.com).*