



RECURRING CREDIT CARD AUTHORIZATION FORM

Merchant: CCSinc4u

1. CUSTOMER & BILLING INFORMATION

Customer Name: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) ____ - _____

Email: _____

2. SUBSCRIPTION TERMS

I authorize CCSinc4u to charge my credit card automatically for the following
recurring subscription one (1) day prior to the expiration date:

Payment Amount: \$____.____

Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

Start Date: ____/____/____

Service: TV Streaming Service

3. CREDIT INFORMATION

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover ☐ Other: ____

Cardholder Name: _____

Full Card Number: ____/____/____/____

Expiration Date (MMNY): ____/____ **CVV Code:** ____

4. AUTHORIZATION & CANCELLATION POLICY

I authorize **CCSinc4u** to charge my credit card indicated above for the subscription amount and frequency selected. I understand that this authorization will remain in effect until I cancel it in writing or contact the merchant in advance.

I agree to notify the merchant at least **3 days** prior to the next billing date if I wish to cancel this authorization or change my payment information. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank, provided the transactions correspond to the terms indicated in this authorization form.

Customer Signature: X_____ **Date:** _____

INTERNAL USE ONLY Account ID: _____ **Date Received:** _____
Processed By: Frank Peters