

RECURRING BILLING CONTRACT

I authorize **MAVERICK BUSINESS FORMS, INC.** to keep my signature on file and to charge my credit card account, on an ongoing basis, for amounts I owe. I understand that this authorization is valid for one year from the below date, unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my credit card account information.

Card Number: _____ Expiration: _____

CVC: _____ Card Type: Visa MasterCard Amex

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Date: _____ Cardholder Signature: _____