



Customer Name: _____

Account Number: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	CVV: _____ (3 or 4 digits)
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize Republic Elite Integration, Inc. to charge my credit card above for my monitoring services. I understand that my information will be saved on file for future transactions on my account unless I notify Republic Elite Integration in writing.

Customer Signature

Date

You may email this form to: monitoring@republiceliteintegration.com