

Recurring Credit Card Payment Authorization Form

Date: _____

Company Name: _____

Client Name (Print): _____

Credit Card Billing Address: _____

Telephone Number: _____

Credit Card Information (Please provide a copy of your card):

Type: _____ Card #: _____

Expiration Date: _____

CVV Code: _____

Issuing Bank of Credit Card: _____

Telephone Number of Issuing Bank: _____

Credit Card Payment Plan (Available Only for Virtual Office Clients)

Initial

I (Print Cardholder Name) _____ do hereby
authorize Signet Crest, Inc. to charge my credit card on the first business day of each month,
or within three (3) days thereof, for my monthly services charges and for any additional charges
that may arise as per the terms of the services agreement between Signet Crest, Inc. and myself.

I authorize these transactions to begin on _____ and understand that these
charges will continue each month until I revoke this authorization in writing or
until I discontinue my services agreement with Signet Crest, Inc.. Furthermore, I certify
that I am an authorized user on this credit card account.

Should my credit card be declined, for whatever reason, Signet Crest, Inc. will notify me and
I will then have three business days to provide a valid form of payment to Signet Crest, Inc.
If an alternate form of payment is then not provided to Signet Crest, Inc., my account may be
terminated with our without notice from Signet Crest, Inc.

Client Signature: _____

Date: _____