



Monthly Payment Credit Card Authorization Form

Please fill out this form. Afterwards, you may sign and deliver it to us via:

E-mail: Sales@dynimage.net or Fax: **201-444-2385**

Please select one of the options:

- New Request
 Update Credit Card
 Update Monthly Rate

I, _____, hereby authorize Dynamic Image Group, LLC to charge my credit card listed below for the following amount of _____ on the second of each month starting on the date below.

| | | | |
|--|-------------------------------|-------------------------------------|---|
| Billing Info listed with Credit Card: Please Print Clearly | | | |
| Company Name | | | |
| Site URL: | | | |
| Name on Card: | | | |
| Address: | | | |
| City: | | | |
| State: | | Zip: | |
| Phone: | | | |
| E-mail: | | | |
| Billing Start Date: | | | |
| Card type: (Check one) | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express <input type="checkbox"/> Discover |
| Card Number: | | | |
| Expiration Date | | Card Code: | |
| Signature of Cardholder: | | | |
| Today's Date: | | | |

Please note: If your monthly rate or credit card information has been changed recently, then you will be required to fill out this form again and resubmit it to us. Please contact us with any further questions.