



Address: 8549 Wilshire Blvd.
Unit 3068
Beverly Hills, CA 90211
Email: info@plggo.com

Date: _____

Credit Card Authorization Form

PLG is hereby authorized to charge to your credit card the following: **Company**

Name _____

Card's Billing Address _____

Credit Card Type: Visa____ MasterCard____ Discover____ AMEX____

Credit Card # _____

CVV/Security Code _____ **Expiration Date** ____/____

I authorize **PLG** to bill my credit card on a recurring basis as indicated above for payment of invoices. I understand and agree that by executing this authorization I am liable for all charges that may be accrued due to insufficient funds. Termination of automatic payments must be requested in writing.

Note: Credit card payments have an additional 3.5% processing fee.

Authorized user name (please print)

Authorized signature