

CASSONE

YOUR SOURCE FOR SPACE

CREDIT CARD BILLING AUTHORIZATION

Company Name _____

Card Number _____ Expiration Date _____ Security Code _____

We Accept VISA MasterCard Discover American Express

Cardholder Name as it appears on card _____

Billing Address _____

City _____ State _____ Zip _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS

ONCE	Please bill my credit card for the initial amount only	<input type="checkbox"/>
MONTHLY	Please bill my credit card once per month for the amount of service provided each month	<input type="checkbox"/>

I authorize the purchase of services/merchandise from Cassone Leasing Inc. using this Credit Card Authorization Form. I agree that I will pay as indicated above and indemnify and hold Cassone Leasing Inc. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature on the credit card slip.

CONFIDENTIAL

Email or Fax completed form to _____ @ cassone.com

Cardholder Signature _____ Date _____

If you have any questions, please contact us and one of our representatives will be happy to assist you.

Bank Name _____ Address _____

Bank Phone _____ Account # _____ Contact _____

Cassone Leasing Inc. may charge interest on any past due balances at the maximum rate allowed by law with said interest being calculated from the date of default. In consideration of Cassone Leasing Inc. extending credit to the above business, I/we do hereby agree jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us at the above business. In the event that the account is placed with a third party for collection, I/we agree to pay all costs including reasonable attorney fees, court costs and finance charges.

Signature attests that the information provided is accurate, complete, gives authorization to check credit, financial and banking history, and accepts that invoices are due upon receipt. By signing below I/we also understand and authorize all dishonored checks plus a processing fee to be electronically debited from my/our checking account. Furthermore, I/we understand that if a storage trailer is used for anything other than storage, I/we will be liable for any and all damages.

Individual signing below is authorized officer and or signer for the company above.

Authorized Signature _____ Date _____

Print Name _____ Title _____

Please email your completed authorization to _____@cassone.com or fax to 631.585.7895