



ONE-TIME PAYMENT AUTHORIZATION FORM – SENS-O-LOCK OF AMERICA

Please complete and sign this form. Upon receipt, we will automatically change your billing to the payment instrument you indicate below. All charges made by Sens-O-Lock of America will show on your monthly banking statement.

Payment Information:

I authorize Sens-O-Lock of America to automatically bill my account as specified below for a one-time payment of \$_____.

Payment Type: Visa MasterCard Discover American Express

Customer Name: _____ **CVV:** _____

Cardholder Name: _____ **Zip code:** _____

Card Number: _____ **Expiration Date:** _____

Cardholder Signature

Date

Return the completed and signed form to us using one of the following methods:

Fax: (404) 393-3551 Alternative Fax: (678) 264-9999 E-mail: info@sensolock.com

