



CREDIT TECHNOLOGIES, INC.®

Payment Option 1 – Payment by Credit Card

Company Name

Name (as it appears on credit card)

Billing Address

City

State

ZIP

Telephone Number

Contact Email Address

Select Card Type:

VISA

MasterCard

Discover

AMEX

Credit Card Number

Card Verification #
(Found on back of card)

Expiration Date (mm/yy)

Sample Visa Card



3 Digit Card Verification Number

Sample Amex Card



4 Digit Card Verification Number

Payment Option 2 – Payment by Check (Please attach copy of voided check)

AUTHORIZATION

I authorize Credit Technologies, Inc. to settle all charges to this account as defined in the membership agreement using the above selected billing method. Payment for all outstanding charges will occur at the end of each month. This authorization shall be a continuing and irrevocable promise and indemnity for the amount owed. Any account cancellation must be made in writing. If paying via credit card, I warrant that I am a legal cardholder for this credit card. If payment via check is selected, I authorize Credit Technologies, Inc. to electronically debit (ACH) the provided account. Failure to ensure sufficient funds for any payment will incur an NSF charge of \$35.00. The undersigned promises to pay Credit Technologies, Inc. on demand for any and all sums that come due.

Authorized Signature

Date

Fax completed form to 248.313.1101

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