



PO Box 5389
 Wenatchee, WA 98807-5389
 509.884.7791
 509.886.5100 fax

CREDIT CARD AUTHORIZATION FORM

Date: _____

I, _____, hereby grant Genext, LLC permission to charge my bankcard (listed below) for services rendered by Genext, LLC.

I authorize Genext, LLC to make one debit to my account ___per month, ___per quarter, ___per year (please mark one). I understand that if my account carries a previous balance, I will be charged the full amount owed and then be charged thereafter for all recurring services provided.

This authorization shall remain in full force and effect and will **only** be deemed void (please circle one) 1.) Upon written notice to the address below, or 2.) Upon termination of service by Genext or myself for any reason at any time.

Please fill out and return or fax back to the address listed below.

COMPLETE NAME AS IT APPEARS ON THE CARD			
ADDRESS WHERE CC STATEMENT IS RECEIVED		CITY	STATE ZIP
PHONE #	FAX#	EMAIL ADDRESS TO SEND RECEIPT CONFIRMATION	
EXPIRATION DATE ON CARD (MM/YY)	ACCOUNT NUMBER LISTED ON THE FRONT OF THE CARD		
CVV# LAST 3 #'S ON BACK OF CARD	PAYMENT FREQUENCY	AUTHORIZATION IS VOID UPON	DATE OF BIRTH
WHAT TYPE OF CARD WOULD YOU LIKE US TO PROCESS? <input type="checkbox"/> Visa <input type="checkbox"/> Visa Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> MasterCard Debit		PLEASE SIGN YOUR NAME	

Thank you,

Amy Rush
 Genext, LLC

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