



AUTOPAY FORM

19 Chapin Road - Building C, Pine Brook, NJ 07058
o 800.783.9424 | f 973.227.0629

CUSTOMER NAME: _____

CUSTOMER #: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

EMAIL PAID RECEIPT: YES NO

CREDIT CARD INFORMATION:

VISA MASTERCARD AMEX

CREDIT CARD #:

NAME ON THE CARD: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING ADDRESS: _____

AUTOPAY TERMS:

You have indicated that you would like to enroll in Avantik's AutoPay service to pay your outstanding invoices automatically by charging the credit card designated by you on a recurring basis from the time of enrollment until you indicate to us that you want the automatic charges to stop and we have had a reasonable time to implement your instructions. Avantik will continue to charge your credit card each time an invoice is generated for up to a maximum of _____ for any services, contract renewals or consumables order unless you notify us in writing withdrawing consent and establishing another manner of payment. By enrolling and inputting your credit card information, you represent and warrant that you are the person whose name appears on the credit card, that you are authorized to use the credit card, that you have a sufficient unused credit limit to cover any charges that may be made using AutoPay, that the information you provide is correct, and that you will notify us of any change in the above, and you further make each of these representations and warranties each time you have a transaction that will be paid through AutoPay. You agree you will not dispute any charges with your credit card company without first contacting our customer service department to review your claims. If it is determined a credit needs to be issued, then said credit will appear on your next bill cycle. You agree to release and hold harmless Avantik for any losses or damages of any kind that you or others may incur as a result of or in connection with any payment charged to the credit card. If, at any time, your credit card is declined for any reason whatsoever you agree upon our notification to immediately provide an alternative form of acceptable payment. Failure to do so could result in late fees, penalties, or interruption in service. You agree to release and hold harmless Avantik from any damages or claims arising from your failure to pay. This agreement shall be governed by and construed in accordance with the laws of the State of New Jersey, excluding its conflict of law principles. You further agree that at all times past, present and future Avantik's services are provided to you with your full authority and with the full authority to charge the credit card and without any dispute whatsoever. Avantik reserves the right to change these terms or terminate the AutoPay service at any time.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____