

Monthly Recurring Credit Card Authorization Form

Fax this Completed form to (208)234-0901

THIS CARD IS A: CREDIT CARD CHECK CARD *(Please Check One)*

TYPE:



Visa



MasterCard



Discover

Credit Card Number													Expiration Date					
													Month		Year			
															XX	XX		
															XX	XX		

Please fill in the last three-digit number appearing on the signature panel (on the back of the card):

This "code" is your Card's Security Code.

I agree to pay the total amount according to the card issuer agreement.

I authorize MYKRO COM CO (this is the name that will appear on your credit card statement) to charge my credit card **monthly** for payment of products and / or services. If MYKRO COM CO is unable to process my **monthly** payment I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify them otherwise in writing. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.

I am informed, and consent to, being charged a three dollar (\$3.00) **monthly** convenience fee. This is in addition to the amount of the products and / or services that I am paying for. I understand that if a refund is applied for and given, that any and all convenience fees are not refundable.

This agreement remains in effect until canceled by the applicant with written notice. This agreement may be cancelled by the applicant by providing MYKRO COM CO written notice at least 30 days in advance of the cancellation date.

Applicant's Signature

Printed Name as it appears on this Credit Card

Exact Billing Address as it appears on the Credit Card Statement for this card- including city, state and zip code
(For security and authentication purposes, we require the account holder to provide the address to which the credit card company or bank mails the monthly statement.)

() _____
Phone number associated with this card

Date

Refund Policy: MYKRO COM CO may refund the cost associated with a product and / or service paid by mistake or in excess of that required. A change of purpose after the payment for a product and / or service does not entitle a party to a refund. MYKRO COM CO will not refund amounts of \$25.00 or less unless a refund is specifically requested (in writing) and will not notify the applicant of any such amounts. Refund for a product and / or service paid by credit card will be issued as a credit to the credit card account to which the product and / or service was charged.

Service Charge: There is a \$30.00 service charge for processing each payment refused (including a payment returned "unpaid") or charged back by any financial institution.
MYKRO COM CO's Mailing address is: MYKRO COM CO * PO Box 10 * Pocatello, Idaho 83204 * (208) 233-7222 VOICE

Your personal information will not be shared with any other third parties, except as necessary for the express purpose of payment processing for your purchases of any product and / or services made to MYKRO COM CO, unless we are required to do so by law or a governmental regulatory authority. We will not give or sell your nonpublic personal information provided on this form to any other company, individual or group.
(FORM 2008CC-R-May 1, 2008)