



COMPLETE AND RETURN BY FAX 904-437-4050 OR EMAIL SALES@SALEMANAGER.COM

Credit Card Payment Authorization Form

I (We) hereby authorize SaleManager or its authorized affiliates, to initiate credit card credit and/or debit entries, if necessary, adjusting entries made in error to the account indicated below:

Name on Credit Card:

Billing Address

City: _____ State/Province: _____ Zipcode: _____

Credit card Number: _____

Type (check one): American Express, MasterCard, Visa, Discover

Expiration Date: _____ CVV Number: _____

This authorization shall remain in effect until SaleManager receives written notification of its termination.

Name of Authorized Signer (Print name): _____

Title: _____

Company Name: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____



Electronic Check/ACH Payment Authorization (US & Canadian Merchant)

I (We) hereby authorize SaleManager or its authorized affiliates, to initiate ACH credits and/or debit entries, if necessary, adjusting entries made in error to the account indicated below. I also agree to pay a \$25 bounce check fee if my check is returned for any reason:

Name on Business Checking Account:

Billing Address

City: _____ State/Province: _____ Zipcode: _____

Checking Account Number: _____

Routing Number: _____

****** RETURN A COPY OF A VOIDED CHECK WITH THIS PAYMENT FORM ******

This authorization shall remain in effect until SaleManager receives written notification of its termination.

Name of Authorized Signer (Print name): _____

Title: _____

Company Name: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____