

Billing Account Update

Credit Detailer, LLC

45 Lafayette Rd, Suite #222, North Hampton, NH 03862 Phone: 559-927-3348 Fax: 603-273-0713

FAX signed agreement to: 603-273-0713 or Email to: Sales@creditdetailer.com

This form is to update the billing information on your account with Credit Detailer, LLC. Please provide the updated billing information below and remit to us.

DATE:						
CUSTOMER FULL NAME:						
COMPANY NAME:						
COMPANY PHONE:						
COMPANY WEBSITE:						
STEP #1: ENTER CREDIT *** If paying by check			•	fields are requ redit Detailer, l	-	
Card Type (circle one)	Visa	Mastercard	America	n Express	Discover	ı
Card Number:						
Card Expires: (mm/yyyy)			С	VC: (3 or 4 digits)		
Name on Card:			P	hone Number:		
Billing Address:						
Billing City, State, Zip:						
Email address:					1	email to sent
Authorization:						
	C	Card Holder Signature Print		Printed I	Name	Date
By signing above, you a amounts abov		Credit Detailer, LLC I charges will resul	` ,		•	d for the
STEP #2: ACKNOWLEDG ACCOUNTS IN ARREAR: I acknowledge that any outstandit to the card above.			I under	stand & agree by in agree to have the ch		
ACCOUNT FUTURE BILLING: I acknowledge that I am authoriz service(s). Credit Detailer, LLC sh the future.	-	n my billing inforamtio	n to continue u		LLC's product((s) and/or

PROCEDURE TO CANCEL FUTURE MONTHLY BILLING CHARGES: I understand & agree by initialing here: ______ I acknowledge that to cancel a recurring charge, I must contact Credit Detailer, LLC within 2 standard business days prior to the next billing cycle. Please call 559-927-3348 (55-99-CREDIT) and leave a message with your name, your company name and your company email address, or send an email to: billing@creditdetailer.com with a message to cancel your recurring billing. Your name and email address are required to locate your account.