



**CREDIT CARD AUTHORIZATION FORM**  
For Monthly Automatic Payments

I hereby authorize Quick Search to set my account payment status to Monthly Credit Card Automatic Payments for any future invoices generated for my account.

Business Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Receipts to: \_\_\_\_\_

I hereby certify that I am an authorized signer on this credit card account and will accept the charges referenced above. Further, I understand that this Charge Authorization cannot be canceled unless payment in full has been received for the account balance from another source. If the card needs to be updated, this form must be resubmitted with the new information in order to continue with automatic payments.

\_\_\_\_\_  
Authorized Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Cardholder's Name (Printed): \_\_\_\_\_

**THIS FORM CAN BE RETURNED VIA:**

EMAIL: [accounting@quicksius.com](mailto:accounting@quicksius.com)

FAX: 214-358-6057

MAIL: 4155 Buena Vista, Dallas, Texas 75204