


## Aa Adults Toy Storage, LLC. In Arvada

### Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing.

#### Customer Information

Customer name: \_\_\_\_\_

Customer account number: \_\_\_\_\_ 

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

#### Payment Information

I authorize Aa Adults Toy Storage, LLC. to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Monthly      Quarterly      Semi-Annually      Annually  
Choose one

Start billing on: \_\_\_\_\_

Credit Card billing will occur until notified to cancel in writing

#### Credit Card Information

Aa Adults Toy Storage, LLC. accepts the following credit cards: **Visa,**    **MasterCard,**    **Discover (choose one)**

Credit card number: \_\_\_\_\_

Security code from back of card \_\_\_\_\_


Expires: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Cardholder's Zip code (required): \_\_\_\_\_

\_\_\_\_\_  
(as shown on credit card)

\_\_\_\_\_  
(from credit card billing address)

Customer's signature: \_\_\_\_\_ 

Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Receipt will be sent to this address.

You may cancel the automatic billing at any time, by submitting your request in writing to Aa Adults Toy Storage, LLC.


Fax this form to 720-384-0623 or mail to Aa Adults Toy Storage PO Box 260245, Lakewood, CO 80226

Any refunds will be refunded back to the credit card on file.

## Colorado Signal Company in Commerce City Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing.

### Customer Information

Customer name: \_\_\_\_\_ Customer account number:  \_\_\_\_\_ Phone: \_\_\_\_\_

### Payment Information

I authorize Colorado Signal Company to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Monthly      Quarterly      Semi-Annually      Annually  
Choose one

Start billing on: \_\_\_\_\_  
Credit Card billing will occur until notified to cancel in writing

### Credit Card Information (To be completed by customer)

Colorado Signal Company accepts the following credit cards: **Visa, MasterCard, Discover (choose one)**

Credit card number: \_\_\_\_\_ Security code from back of card: 3 digits      Expires: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
(as shown on credit card)      (from credit card billing address)

Customer's signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_  
Receipt will be sent to this address.

You may cancel the automatic billing at any time, by submitting your request in writing to Colorado Signal Company. **DO NOT SEND THIS FORM BY EMAIL**

Fax to 720-384-0623 or print and mail to Colorado Signal Storage PO Box 260245, Lakewood, CO 80226

Any refunds will be refunded back to the credit card on file.