

## Genesis**Four** Credit Card Usage Authorization

**Instructions: Fill out completely, sign, and fax back to 978-856-2209. If multiple payments are being authorized, be sure to fill out and sign the recurring Credit Card Usage Authorization section below.**

"I certify that I wish to make a product purchase from GenesisFour Corporation, PO Box 773, Andrews, South Carolina 29510 and authorize GenesisFour to use the credit card referenced below as payment for the purchase referenced below."

Cardholder Information	
My Name	
My Business Name	
Credit Card Account Information	
Card Type	
Account #	
Name On Card	
Expiration Date	
Credit Card Billing Address Information	
Billing City, State, Zip	
Purchase Amount	
Estimate Or Invoice #	

\_\_\_\_\_  
Signature  
*All sales final.*

\_\_\_\_\_  
Date

## Recurring Credit Card Usage Authorization

"I further authorize GenesisFour to keep the above mentioned credit card and account information on file, and to charge this credit card account on a recurring basis according to the schedule below. If this credit card expires during this schedule, I agree to update the credit card account information I have supplied to GenesisFour such that no payments are delayed."

Payment	Date	Amount	
Downpayment			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

\_\_\_\_\_  
Signature  
*All sales final.*

\_\_\_\_\_  
Date