



# Credit Card Authorization Form

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## CUSTOMER CONTACT INFORMATION

Please complete information as it appears on the Credit Card Billing Statement. NOTE: All fields required.

Company Name: \_\_\_\_\_

Card Owner's Name (as it appears on the card): \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Encounter Account Number (if known) \_\_\_\_\_

## TYPE OF CARD

Please check one

Visa       Mastercard       American Express       Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
*(As it appears on the Credit Card)*

## TERMS, CONDITIONS and ACCEPTANCE

The above named Card Owner agrees to allow Encounter Collaborative Corporation to bill ongoing charges for all Encounter services to this card. If you have authorized payment by credit card, no additional notice or consent will be required for billings to that credit card or account. You will advise Encounter of any changes to your credit card account, such as account number or expiration date changes.

Customer agrees to all Terms and Conditions on the [www.encounter.net](http://www.encounter.net) web site.

I have read, understand and agree to the above:

Signature of Card Owner: \_\_\_\_\_ Date: \_\_\_\_\_