



National Seating & Mobility, Inc.
5959 Shallowford Road, Suite 443
Chattanooga, TN. 37421
(423) 756-2268 FAX 423-266-9690

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your credit card/bank card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- 1. It's convenient (saving you time and postage)
2. Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your bank card/credit card. The charge will appear on your statement as "National Seating & Mobility, Inc.t." We will email or mail you a receipt each month

I, _____ authorize National Seating & Mobility, Inc. to charge my credit card/debit card
(Name as it appears on the card)

account indicated below with the first payment on ___/___/___ and each subsequent payment on the ___
(Start date) (day or date)

of each month in the amount of _____, for payment of my account.
(Payment amount)

Please complete the information below:

Billing Address for card being charged _____ Phone# _____

City, State, Zip

Email
Address: _____

Please send receipt via Mail: or Email:

Account Type: Visa MasterCard Amex Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize National Seating & Mobility, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.