

CREDIT CARD PRE-AUTHORIZED PAYMENT FORM

**WARNING**

THIS AREA IS UNDER  
ELECTRONIC  
SURVEILLANCE  
THIS SYSTEM IS MAINTAINED BY

**MONITOR  
CONTROLS  
INC.**

**888-269-3591**

TOLL FREE

DATE    AMOUNT

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

I AUTHORIZE MONITOR CONTROLS, INC. TO KEEP MY SIGNATURE ON FILE, AND TO CHARGE MY CREDIT CARD ACCOUNT AS INDICATED ABOVE, UNLESS NOTIFIED IN WRITING OTHERWISE, IN ACCORDANCE WITH MY CONTRACT.

**PLEASE CHECK ONE:**

MASTERCARD     DISCOVER     VISA

CLIENT NAME: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**AUTHORIZED SIGNATURE**

**CUSTOMER #**

*(Please complete all shaded / highlighted areas)*