



## **CREDIT/DEBIT CARD AUTHORIZATION FORM**

### **Billing Information**

**Customer Name:** \_\_\_\_\_  
**Account No.:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
**Phone No.:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

### **Credit/Debit Card Information**

**Cardholder Name:** \_\_\_\_\_  
**Card Number:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_  
**CVV Number:** \_\_\_\_\_

### **RECURRING CREDIT/DEBIT CARD PAYMENT AUTHORIZATION:**

With terms of Net Due Upon Receipt, I hereby authorize National Trench Safety, Inc. ("NTS") to process payments for regularly cycle billed invoices every 28 days to the above listed debit or credit card. I understand and agree that I will be charged the amount of the account's open balance for each invoice cycle billing period. I understand and agree that all payments made under shall be subject to a processing fee of three percent (3%). A receipt for each transaction will be sent to me at the email address provided above, and the charge will appear on my credit or debit card statement. No prior notification will be provided for cycle billed invoices. Charges will continue until and unless NTS receives notice from the customer, in writing, canceling the recurring payment authorization and, unless all equipment has been returned and there is no outstanding account balance, providing an acceptable alternate means of recurring payment. No request to cancel this credit or debit card authorization will be valid until the latter of an acceptable alternate means of recurring payment is provided and all equipment has been called off-rent and either returned to NTS or made available for NTS pick-up, where applicable. I agree to notify NTS in writing of any change in my account information at least ten (10) days prior to the next billing date. I understand that my failure to provide accurate, up-to-date account information or a declined payment may result in the immediate termination of my rental rights without terminating my obligations under NTS's rental terms and conditions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(cardholder's signature)

**COMPLETE AND RETURN TO: [creditcardprocessing@ntsafety.com](mailto:creditcardprocessing@ntsafety.com)**

260 N Sam Houston Pkwy E Ste 200, Houston, Texas 77060  
Tele: (832) 200-0988