

# CREDIT CARD AUTHORIZATION FORM



**SIMETRY**

(fill out, print and sign the form)

Please complete and sign this authorization form. All fields are required. Your credit card will be billed automatically for the amount indicated and charges will state SIMETRY on your statement. You may cancel this automatic billing authorization with 30-days' notice by contacting us in writing.

## CUSTOMER INFORMATION

Customer Name

Phone Number (including area code)

## PAYMENT INFORMATION

I authorize SIMETRY to charge the card listed below as follows:

Amount:

Frequency:

One-Time

Monthly

Start billing on:

Or Immediately

## CARD INFORMATION

Credit Card Type

VISA

MasterCard

Discover

Other

Credit Card Number

Expiration Date

CVV #

Cardholder's Name (as shown on credit card)

Billing Address

City

State

Zip Code

Cardholder's Signature

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Date



1.833.Simetry



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