

Credit Card Payment Authorization

Please sign and complete this form to authorize **J.E.M. FX Inc.** to charge to the credit card listed

below as selected. ☐ Single Charge By signing this form, you give us permission to charge your account for the amount of the applicable invoice on or after the invoice date. This permission is for a single transaction only. and does not provide authorization for any additional unrelated or subsequent charges to your account. □ Recurring Charge By signing this form you authorize regularly scheduled charges to your credit card. You will be charged (a) the amount indicated in the applicable Rental Agreement at the end of each billing period, or the first business day thereafter, or (b) all charges incurred from the date hereof until such time as you notify us to terminate this authorization. A receipt for each payment will be provided to you and the charge will then appear on your credit card statement. You agree that no prior notification of these recurring charges will be provided to you unless the scheduled date(s) or amount(s) change significantly, in which case you will receive notice from us at least five (5) calendar days prior to the payment being processed. **Billing Information** Billing Address _____ Phone # _____ City, State, Zip Email **Card Details** ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express Cardholder Name Account/CC Number _____ Expiration Date ____/___ CVV, CV2, CVC, CSC, or CCV ____ This is NOT a part of your credit card number. It is an additional 3 or 4 digit security code. Visa or Mastercard: The code is the 3-digit number printed in the right-most section of the signature panel. American Express: The code is the 4-digit number on the front of the card, above and to the right of the card number. Zip Code I authorize **J.E.M. FX Inc.** to charge the credit card provided as selected above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms set out in this form. DATE SIGNATURE _____

(cardholder)