

**Gossett Alarm**  
**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting our office Monday through Friday 8 am to 5 pm at (707) 263-3567.

**Client Name:**

**Client account number:**

**Phone:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_\_

**I authorize Gossett Alarm to automatically bill the card listed below as specified:**

Amount: \$\_\_\_\_\_ Frequency: Monthly Quarterly Annually

Start billing on: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Billing to end when customer provides written cancellation.

**Gossett Alarm accepts the following credit cards: Visa, MasterCard, American Express, and Discover.**

Credit Card Type:

Credit Card Number:

Expires:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_

Cardholder's Name

Cardholder's Zip code

\_\_\_\_\_  
*\*[As shown on credit card]*

\_\_\_\_\_  
*\*[from credit card billing address]*

Client's signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Thank you for your business!