



Website Design & Development
www.KoaConsulting.com

Recurring Credit Card Charge Authorization Form

Koa Consulting LLC

P.O. Box 11102, Hilo, HI 96721

Phone: (800) 936-0767

Fax: (866) 935-8587

Print, complete and sign the form below. For security purposes you will then need to call us to provide your credit card details.

Description of Services Authorized: _____

Amount: _____

Frequency: Weekly / Bi-Weekly / Monthly / Quarterly / Bi-Annually / Annually / Other _____

Cardholder's Name: _____ Company: _____

Cardholder's Credit Card Billing Address: _____

City: _____ State/Prov.: _____ Zip: _____

Telephone: _____

Email: _____

Type of card: _____ (Visa/MasterCard/Discover/American Express)

I, the undersigned agree, and authorize **Koa Consulting LLC** to charge all outstanding invoices for goods and services rendered to the above listed account on a continuing basis until I inform **Koa Consulting LLC** otherwise.

I understand these charges will appear on my credit card statement under the name of "Koa Consulting LLC" and I accept full financial responsibility for all payments due including any applicable taxes. Further I am also enclosing a copy of the front of my credit card as well as a copy of my legal driver's license or other photo ID for identity verification purposes.

Signature of Cardholder:

Date Signed: _____

Please Mail or Fax this completed form to us.

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