



RECURRING PAYMENT AUTHORIZATION FORM

New Payment Information

Update Payment Information

Customer Information

Company Name: _____

Address: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Payment Information

Payment Type

ACH CHECKING

Account Holder Name: _____

Bank ABA Routing# _____

Accounting#: _____

Credit Card

Visa

Master Card

American Express

Account Holder Name: _____

Credit Card #: _____

Expiration/CVS: _____

Authorized Signature: _____

Authorization

I hereby give UK Advertising, Inc. (May be processed through our DBA Infinity Pro Sports) the authorization to bill the above account information for:

My monthly recurring balance associated with my account.

Any ongoing charges associated with my account.

A one time charge of \$ _____

Authorized Signature: _____ Date: _____

**PLEASE EMAIL THE COMPLETED FORM TO
accounting@infinityprosports.com**