CONFIDENCE ANALYTICS®

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us, in writing. This authorization will remain in effect until canceled.

Last 4 digits of card on file: _____

Email associated with card: _____

Name on Card: _____

Billing address for card: _____

City, State, Zip: _____

I, _____, authorize Confidence Analytics, Inc., as the payment processor for Confidence Analytics Inc. and its subsidiaries, to charge the account above for agreed upon purchases per the terms checked below. I confirm that I have legal authority to authorize these payments and terms for

_____ (Company name).

( ) Automatically upon invoice of services; _**or**_

( ) Upon my email confirmation to run the payment. If selecting this option provide an additional phone and email for contact for payment authorization:

Additional contact name: _____

Contact phone: _____ Contact email: _____

Please note that results may be delayed while pending authorization and run of cards on open invoices. To prevent any delays in results, please select the "Automatically upon invoice of services" option. Credit Card payments may incur an additional 5% processing fee. Please contact Confidence Analytics for adjusted invoices to reflect that processing fee.

I understand that my information will be saved on file for future transactions on my account.

Name: _____ Title: _____

Signature: _____ Date: _____