



www.ultrasmsscript.com

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **UltraSMSScript** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

#### Please complete the information below:

I \_\_\_\_\_ authorize **UltraSMSScript** to charge my credit card  
(full name)

account indicated below for \$1,997.00. This payment is for  
(amount)

UltraSMSScript(Level 4) version.  
(description of goods/services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: Visa	MasterCard
Cardholder Name _____	
Account Number _____	
Expiration Date _____	
Security Code (CVV) <span style="background-color: #cccccc; padding: 2px 10px;"> </span>	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I will not dispute the payment with my credit card company. I understand the charges authorized is/are non-refundable, non revocable, non contestable and I waive my right of refund and/or dispute the charge.