



Comtactics
711 E. Monument Ave.
Dayton, Ohio 45402
(937) 234-7960

Credit Card Payment Authorization Form

Payment Details:

You are authorizing a one time payment of \$40 to your Visa, MasterCard or Discover card to participate in the SCANVenger Hunt in the community listed below. This fee will count toward a single SCANVenger Hunt event and will not be used toward any other existing programs in that community.

Please complete the information below:

I, _____ authorize Comtactics to charge my credit card for
(full name)
the amount indicated above to participate in the SCANVenger Hunt taking place in

(communitiy name)

Business Name _____

Billing Address _____ Zip _____

Phone (____) _____ City _____

Email Address _____



Account Type: [] Visa [] MasterCard [] Discover

Cardholder Name _____

Account Number _____

Expiration Date Month: _____ Year: _____

CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Please Fax Form to: 1.877.865.9622