



1174 P.O. BOX ▪ Cibolo, TX 78108

To receive a code you must email or phone your request for this service.

Tel: (210) 338-9848

Fax: (210) 566-0365

info@britjen.com

www.britjen.com

### Credit/ Debit Card Authorization Agreement

Check box for AutoPay  Check Box

I, \_\_\_\_\_, from the (company) \_\_\_\_\_

check here for (individual), GATSCOMP account code \_\_\_\_\_, hereby authorize GATSCOMP to charge my credit/ debit card for the listed service/ product:

The credit/ debit card information is listed below.

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of card (check one):



Check Box



Check Box



Check Box



Check Box

Card Issuer: \_\_\_\_\_

Issuer Tel: \_\_\_\_\_

The amount to be charged \$ \_\_\_\_\_ will be automatically charged to your debt or credit card.

(The annually charge is \$ \_\_\_\_\_ If you rather pay the annual charge select)  Check Box

(Please include the three digit card verification number on back of card.)

The card number billing address:

Name

Address

City  State  Zip Code

Country



AVS#

card verification number

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ (Please Print)

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To electronically sign this form fill in your date of birth (Date of birth): \_\_\_\_\_ and last four digits of your (social security number): \_\_\_\_\_

Cancellation of this service/ product requires a 30 days written cancellation letter.

Please fax to: 210-566-0365

Click here to digitally sign this from

To electronically sign this form fill in your date of birth (Date of birth):

Internal Use

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_