



intice, Inc.  
 www.intice.com  
 Phone: 855.747-7770  
 Fax: 888.220.2913  
 accounting@intice.com

## Want to Pay Using Your Credit Card?

Just let us know how you would like us to process your credit card payments. For a one time payment, just let us know how much and we will process it, or enroll in our Monthly Recurring Billing and/or Recharge My Card Balance!

**Select All That Apply!**

- One-Time Payment** of \$ \_\_\_\_\_ Invoice Number \_\_\_\_\_  
 Enter the amount you would like to charge once on your credit card.
- Enroll me in Monthly Recurring Billing** Monthly service fee and invoice amount will be automatically charged to my credit card on the 10th of each month.
- Enroll me in Recharge My Card Balance - Auto Charge**  
 Authorized Visa Reward Card invoices will be automatically charged to my credit card within 10 days of invoice date.

FYI: You can track all of your invoices by logging in at: <http://tools.inticeinc.com>

Have Questions or need access? ...give us a call 855-747-7770 - or send an email to: accounting@intice.com

I \_\_\_\_\_ from \_\_\_\_\_ authorize intice, Inc. to charge my credit card.  
(your full name) (dealership name)

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

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

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Account Number	_____			
Expiration Date	_____			
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____			

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.