KRISHNAN COMPANY

CERTIFIED PUBLIC ACCOUNTANT

CREDIT CARD PAYMENT AUTHORIZATION FORM

Check one

☐ First time authorization ☐ Update information ☐ Cancel authorization

Check one

☐ Recurring authorization ☐ One-time authorization

Payer Information (Please PRINT)

Name of person authorizing payment:		
Name of business (if applicable and hereafter "Accountholder"):		
Business Address (if applicable):		
City:	State:	Zip: _ _ _ _ _ - _ _ _ _

Credit Card Account Information (Please PRINT)

Cardholder Name (exactly as it appears on the credit card hereafter "Cardholder")					
Credit Card Billing Address:					
City:	State:	Zip: _ _ _ _ _ - _ _ _ _			
Credit Card type (please check one)	MasterCard		Visa		American Express
Credit Card Number: (Master or Visa Card):	Master or Visa Card here (no spaces or hyphen)				
Expiration Date (MM/YY)	/	VID Code (3-digit code on back)			
Credit Card Number: (American Express):	American Express here (no spaces or hyphen)				
Expiration Date (MM/YY)	/	VID Code (4-digit code on front)			

Payment Authorization

By completing and executing this form, the cardholder acknowledges and agrees that Krishnan Company (hereafter "Company") is authorized as of the authorization date set forth below and subject to the terms and conditions set forth below, to charge the credit card, debit card, charge card or other payment card (each referred to herein as "credit card"), specified above for amounts billed to the accountholder or the cardholder specified above for services rendered.

Company will send the accountholder or cardholder an invoice for services rendered. Company will charge the above credit card for the amount specified in the invoice on the date of the invoice. The accountholder/cardholder should ensure such charge will not cause the credit card account to exceed any established credit limits or available balances as on the date of charge. There will be a $25.00 penalty for any rejected charge pursuant to this authorization. Cardholder acknowledges that they will continue to be liable for any such rejected or any unpaid charges including all penalties. Cardholder further authorizes Company to initiate a charge or credit as necessary to correct any prior overpayment or underpayment of any invoice or any other charge or credit effected under this or prior authorization(s). Company and cardholder further acknowledge that if this payment authorization is for a recurring charge, then Company will inform cardholder of any variances in the recurring amount. Each charge will appear as a payment on the next invoice sent to accountholder/cardholder after the charge date. Recurring charges will begin with the first invoice we send the accountholder/cardholder after we receive and process this form.

To Update/Cancel the above credit card information, please execute this form and check "Update information" or "Cancel authorization" and fax back to number provided below. This authorization shall remain in effect until Krishnan Company receives a new form requesting an update or cancellation, and Krishnan Company has had sufficient time to clear any arrears and act on the authorization. Cardholder will continue to be liable for any invoices due and pending as of such termination. Cardholder is responsible for informing Company of any changes in the above information.

If you have any questions on billing or credit card charges please contact Krishnan Company, P. O. Box 1651, Duluth. GA 30097. Tel: 770-368-1030. Fax: 770-368-1060.

Signature of Cardholder:
Authorization Date:

Credit Card Pmt Auth v1 020505