

Aristotle Associates

Credit Card Authorization Form

I, _____, hereby provide Aristotle Associates the information it needs to process and apply payments to my outstanding balances, as reflected on the invoices it sends me. I understand that Aristotle Associates will securely maintain my information on its computer, using two complex passwords to protect it, and will typically process payments before the fifth day of the calendar month for the balance associated with the previous month. I give my explicit permission to charge my credit card before I have agreed to or even seen the particular amount due. If I have questions or wish to dispute the charges made to my card, I trust that Aristotle Associates will respond to my inquiries quickly, honestly, and to my satisfaction.

The information for the credit card that I would like to have charged, as per this agreement, is as follows:

Name on card: _____

Card Number: _____ Expiration: ____/____

Type of Card (please circle one): Visa MasterCard Discover

Billing Address: _____

City and State: _____

Billing ZIP code: _____

Code on card*: _____

* This is a three-digit code on the back of the card (the last three numbers).

Signature

_____/_____/_____

Date