

Credit Card Addendum

Name of Company: _____

Credit Card Number: _____

Credit Card Type: Visa Master Card American Express

CVV2 (3 numbers on back of card): _____

Expiration Date: _____

Billing Address: _____

Name on Card: _____

Company Name on Card: _____

(If there is one)

By signing below I am authorizing Answering Specialists, Inc. to:

- Bill my credit card monthly
- Bill my credit card monthly for invoices not paid by other methods

This also includes any unpaid balance on the account.
Please send invoice for following months for Telephone Answering Services provided.

Signature: _____ Date: _____

Print Name: _____

The person signing this credit card addendum is bound by the terms and conditions of the original service agreement and is aware of the cancellation policy.

Cancellation Policy:

The term of this agreement shall be month to month on a calendar year basis. CLIENT may terminate this agreement at the expiration of the term thereof by simply providing a written notice to ASI. Any amounts due at time of cancellation will be immediately invoiced and processed for payment at time of cancellation. There will be no proration or refunds of any monthly fees for partial months of service usage. Non usage of the services contracted for under this agreement will not be construed as a cancellation by CLIENT. ASI Terms are Net-10. Interest of 1.5% per month will be charged on all past due balances. Additionally a 10% fee will be accessed for late payments.

Please fill out and send this form back as quickly as possible to avoid any delays in starting service.

You can send it to us:

 **VIA EMAIL**
acctmgmt@ansspc.com

 **VIA FAX**
(888) 478-4350