



CLIENT PAYMENT AUTHORIZATION FORM

Customer Name: _____

Account Number: _____

Billing Address: _____

Phone Number: _____

METHOD OF PAYMENT FOR: **Deposit Only** **Installation Only** **Recurring Monthly Services Only** **All**

Credit Card

Visa
Discover
American Express
MasterCard

Electronic Funds Transfer (EFT)

Checking
Savings

Name on Card: _____

Name on Acct: _____

Credit Card #: _____

Routing #: _____

Expiration Date: _____

Account #: _____

CVC: _____

Customer Signature

Date

My signature above authorizes Sonitrol to preform EFT's from my bank account or charge my credit card, in the amount and frequency specified per my agreement with Sonitrol/Maxitrol, as payment for services and permit fees.

Please print and scan/email or fax the completed form:

ranthony@sonitrolev.com / FAX (812) 467/7236

www.sonitrolev.com Phone (800) 444-1191

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