



Credit Card Payment Form

* Denotes Required Fields

Applicant

* Full Name _____

Company Name _____
(if applicable)

* Billing Address _____

Billing Address 2 _____

* City _____ * State/Province _____

* Postal (ZIP) Code _____ * Country _____

PAYMENT INFORMATION

(click to select card type)

Type of Credit Card: Visa Mastercard American Express Discover

Credit Card Number _____

Name on Credit Card _____

Expiration Date _____ CVV Code _____ Total Amount to be Billed to Credit Card _____

Phone Number (including area code) _____

Email Address _____

I understand and agree to the cardholder agreement and by doing so, give Accurate Biometrics the permission to charge the above credit card for the amount listed.

Card Holder Signature _____

Date _____