

Encore Vision

WHOLESALE EYEWEAR & OPTICAL LAB

Credit Card Authorization Form

In order to process your credit card payment, we will need the following information:

Type of card: _____ Visa _____ Mastercard _____ Discover _____ AMEX

Name: (as shown on Card) _____

Card Number: _____

Exp. Date: _____ CVC: _____

Billing Address: _____ Zip Code: _____

Business Name: _____

By signing this form, I authorize Encore Vision Inc. to charge my card for Optical goods and Services. I understand that I still need to call Encore Vision Inc. to have them run my card monthly for my statements/invoices.

Signature: _____

Phone Number: _____

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ACH Authorization Form

You authorize regularly scheduled charges to your checking/savings account. You will be charged for the statement balance. A receipt for each payment will be available upon request. You agree that no prior-notification aside from the statement you receive via e-mail will be provided from us before payment is submitted.

I, _____ of _____ authorize Encore Vision Inc. to charge my bank account for the previous months statement on the 10st of the following month.
This payment is for Frames and/or Optical Lab services.

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____ Bank Name _____
Account Number _____ Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Encore Vision Inc. billing department of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above payment date falls on a weekend or holiday I understand the payment may be executed on the next business day. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Printed Name: _____ Date _____

Please attach a voided check