



Digital Touch Systems, Inc

Applicant agrees that all amounts due to Digital Touch will be paid according to Digital Touch's terms, which have been provided to applicant. It is understood that finance charge(s) may be imposed on delinquent amounts. Applicant is responsible for paying, by extent permitted by law, those fees including, but not limited to, court costs, filing fees and collection agency and/or attorneys' fees in connection with recovering delinquent amount(s). **THE PERSON(S) SIGNING THIS APPLICATION CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION AND ANY ATTACHMENT IS TRUE AND CORRECT. THIS FORM IS TO BE COMPLETED AND SIGNED BY THE SAME PERSON SIGNING THE DIGITAL TOUCH AGREEMENT.**

Authorization form for direct payments via ACH or Credit Card

Legal Name		ACH or Credit Card	Legal Status
Legal Address		<input type="checkbox"/> ACH	<input type="checkbox"/> Partnership
City / State / Postal Code		<input type="checkbox"/> Credit Card	<input type="checkbox"/> L.L.C.
Contact Name			<input type="checkbox"/> Corporation
Contact Phone Number			<input type="checkbox"/> Proprietorship (must provide social) SS# _____

Credit Card / Banking Information

<input type="checkbox"/> Recurring Withdrawal: (Plus Applicable Taxes) See sales order for frequency	\$ _____
<input type="checkbox"/> One Time Charge (Plus Applicable Taxes)	\$ _____
Checking Routing Number: _____	
Last 4 Digits of Checking Account Number:(Call your rep with full number) _____	
<input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Last 4 Digits of Credit Card: (please call your rep with the full number) ____ _	
Expiration Date ____ / ____	
Name as it appears on the Account: _____	
Authorized Signature: _____	
Address on Acct: _____ City: _____	
State: _____ Postal Code: _____	

The undersigned acknowledges and agrees that creditor may utilize outside credit reporting services to obtain information on the undersigned. The Undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. I hereby Authorize Digital Touch Systems, Inc to initiate payments as indicated above. This authorization is to remain in effect until Digital Touch Systems, Inc has received written notification from the client of its termination in such time and in such manner as to afford Digital Touch Systems, Inc and the Financial institution reasonable opportunity to discontinue the ACH / Credit Card debits and charges.

SIGNATURE of Owner, Principal, or Corporate Officer

Signature: _____

Name: _____

Title: _____

Date: _____