



## Credit Card Payment Authorization Form

Please sign and complete this form to authorize **DEFENDER SECURITY SYSTEMS, INC.** to make a debit to your credit/bank card listed below.

You may email (payment@dssi.us), fax (661.295.1337), or mail (PO Box 800297, Valencia, CA 91380) this form back to us. Thank you.

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### Please complete the information below:

I \_\_\_\_\_ of \_\_\_\_\_  
(full name of authorized card holder) (company name – if applicable)  
authorize DEFENDER SECURITY SYSTEMS, INC. to charge my credit/bank card account indicated below.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Name On Card:	_____			
Card Number:	_____			
Expiration Date:	_____	CVV Code:	_____	
Billing Address:	_____			
City, State, Zip:	_____			
Phone:	_____	Email:	_____	
<input type="checkbox"/> Please check here if you would like your quarterly invoices charged to this card automatically.				

By signing below, you give DEFENDER SECURITY SYSTEMS, INC. permission and authorization to debit your account.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business, DEFENDER SECURITY SYSTEMS, INC., to charge the credit/bank card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only. I certify that I am an authorized user of this credit/bank card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.