



Credit Card Payment Authorization Form

**Please fill out the below and fax to (800) 524-4111
or scan and email to contact@loganreg.com**

Company Name _____

Account Number _____

Name on Credit Card _____

Address for Credit Card _____

City, State, Zip _____

Phone # (____) _____ - _____ Email Address _____

Credit Card # _____

Exp. Date _____ Security Code _____
(Amex 4 digit / V/MC) (3 digit on back of credit card)

I authorize Logan Registration Service Inc. to charge my credit card:

_____ On a monthly basis for charges to my account.

_____ One time only in the amount of \$ _____

I hereby authorize Logan Registration to charge the credit card indicated according to the terms outlined above. I acknowledge that this authorization will remain in effect for as long as you have an active account with Logan Registration unless previously cancelled in writing. This payment authorization is for services provided by Logan Registration. I certify that I am the authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date _____