ScriptSure Credit Card Update Form

NOTE: A 3.5% credit card processing fee is added to all credit card charges.

BUSINESS NAME: _____

Card Type: _____ (Visa, MasterCard, AMEX, Discover)

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ / _____
                       Month   *Year*

Security Code: _____
(3 or 4-digit code on front/back)

Billing Address: _____
(include ZIP code)

_____

1. **Card can be used for payment of monthly fees?**	Yes ____	No ___
Card can be used for account purchases (*i.e. paper*)?	Yes ____	No ___

OR

| 2. **CREDIT CARD BE USED ONE-TIME ONLY?** | Yes ____ | No ___ |

AMOUNT: _____

IMPORTANT: The signer of this credit card agrees to the charges for any invoice fees, monthly fees, paper orders, hardware purchases or other services ordered for the above named business to the credit card listed and any applicable monthly charges pursuant to a Daw Systems, Inc. customer agreement the business has entered into. Cardholder must notify Daw Systems, Inc. of any instance where the credit card should not be charged. <u>You must contact Daw Systems by phone to remove a credit card from an account</u>. To avoid monthly billing fees, you must remove your credit card prior to the 1<u>st</u> of the month. Cardholder agrees all license and service fees are non-refundable. Hardware returns subject to restocking fees and buyer is responsible for return shipping. Cardholder will pay card issuer amount pursuant to cardholder agreement. Any fraudulent activity will be reported to the proper authorities. The Cardholder / Customer agree to the charges of the amounts listed in this agreement to the credit card on file.

CARDHOLDER SIGNATURE: _____ **DATE:** _____

Please complete all pages and send via email: sales@dawsystems.com OR
Fax to **518-533-3793** OR Alt Fax: 518-220-9419