



**EZ Pay (Credit Card) Agreement & Authorization**

**Complete, sign and FAX to 512.371.0567 OR mail to:**

Four Hands  
Attn: Accounts Receivable  
2090 Woodward Street  
Austin, TX 78744

**STEP I - General Account Info**

Date of Agreement\_\_\_\_\_

Company Name\_\_\_\_\_

Four Hands Customer #\_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

Title of Authorized Person \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Accounts Payable Phone\_\_\_\_\_

Accounts Payable Fax \_\_\_\_\_

Accounts Payable Email \_\_\_\_\_

**STEP II - Agreement**

**Automatic Credit Card Payment Agreement**

I \_\_\_\_\_, expressly authorize this automatic credit card charge from the card listed below by Four Hands. I understand that my card will be charged on the due date of each invoice outstanding on my account in accordance with the terms on each invoice. I understand that all charges and terms will be reflected on the invoice I receive by mail, in addition to my monthly statement issued for this account. I agree that all charges are considered valid unless disputed in accordance with Four Hands Damage Claim policy, available on their website at [www.fourhands.com](http://www.fourhands.com). I understand and agree that Four Hands shall not be responsible for any charges or expenses that I may incur resulting from overdrawing my bank account or credit card as a result of an automatic charge generated by Four Hands pursuant to this authority. There is no fee for this service; however, if my automatic payment is declined, I understand that a 2.5% late fee will be incurred, my account with Four Hands will be placed on credit hold, and no damage claims will be processed until the balance due is paid in full. If I am participating in the Kiosk program, my access to the Kiosk will be also be suspended until the balance due is paid in full. If I would like to revoke this agreement, I must inform Four Hands in writing prior to placing an order. Once an order has shipped under this agreement, the payment will be processed on the due date, unless an alternative payment method is used to pay the balance due prior to the due date on the invoice.

Authorized Signature\_\_\_\_\_

- STEP III - Credit Card Information**

Name: \_\_\_\_\_  
(as it appears on the card)

Address: (must be the mailing address for your credit card statement)

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (10 digits): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Type VISA    MASTERCARD    AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_ (SEE EXAMPLES BELOW)

The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number.



**3 Digit Card Verification Number**

The American Express verification number is a 4-digit number printed on the front of your card. It appears after and to the right of your card number.



**4 Digit Card Verification Number**

Authorized Signature \_\_\_\_\_

**FOUR HANDS USE ONLY:**

Date Received and Filed \_\_\_\_\_

Filed By \_\_\_\_\_

