



Credit Card Authorization Recurring Charges

Company Name:	
Calyx Account ID:	
Credit Card Type: Visa/MasterCard American Express Discover	
Cardholder Name (as shown on credit card):	
Credit Card Billing Street Address:	
Credit Card City, State, Zip code:	
<p>The amount charged may represent scheduled or periodic charges for one or more of these payment purposes (effective as of the date signed):</p> <ul style="list-style-type: none">• Initial purchase, implementation, and other non-recurring charges• Regular recurring charges (monthly; semi-annual; annual)• Monthly recurring variable charges• Pro-rated charges <p>In the event Subscriber alters its product order (i.e., increases or decreases seats/licenses/transactions licenses, or upgrades or downgrades its order), the agreed upon monthly recurring charges may vary.</p>	
AUTHORIZATION	
<p>I hereby authorize Calyx Technology, Inc., dba Calyx Software ("Calyx") to charge the indicated credit card for fees associated with software services provided, including, if necessary, adjustments for any changes to my account. I agree that the periodic charge will be applied to my credit card according to my Calyx account billing cycle, and in order to cancel the recurring billing process, I am required to contact Calyx one (1) month in advance to either cancel the associated Calyx account, or arrange for an alternative method of payment. I understand that Calyx will not provide to me any invoices or bills. I agree that if I have any problems or questions regarding my account or any services provided by Calyx, I will contact Calyx for assistance using the contact information on their website at www.calyxsoftware.com. I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Calyx. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Calyx.</p>	
<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature of Cardholder</i></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date Signed</i></p>
<p>Please return completed form by fax or email to the following: Calyx Technology, Inc., dba Calyx Software Attn: Calyx Sales Fax: 214-252-5650 Email: CalyxSales@calyxsoftware.com If you have any questions, please call 800-362-2599</p>	