



Credit Card Authorization

Cardholder Name: _____

Card Billing Address: _____

Contact Person: _____

Business Address: _____

Attach Copy of Front of Card

Attach Copy of Back of Card

Attach Copy of Driver's License
or State Issued Photo Identification

I represent and warrant that I am the authorized signer and cardholder of the credit card detailed above. I authorize Responder PSE, LLC, to use the credit card information above to pay any invoices for my account and to maintain this information on file. I understand that any charges that are made on my card for invoices are my responsibility to follow-up to ensure accuracy against my statements. I will be provided a copy of my paid receipt by the email address on file with RPSE. Furthermore I agree and warrant that I will provide updated credit card information should this card be replaced for any reason. I agree that should I fail to do so and a charge will not go through, I authorize RPSE and its representatives to take any action necessary to satisfy the claim.

Print Name

Signature

Date