

ADS use only

Request received by: _____

Processed by: _____

ARCHIVE DOCUMENT STORAGE, INC. AUTOMATIC PAYMENT FORM

Customer: Please complete the form below, review your information and fax the completed form back to the attention of: ADS Billing Department, Fax: 201-716-7905.

If you have any questions, please feel free to contact us at 201-716-7900. Thank you.

Customer Name: _____ (Cust. ID: _____)

Address: _____

Person making this request: _____

When necessary, who shall we contact with any questions regarding this card?

Name: _____

Telephone # (please include area code): _____

Credit card type: (Visa, Mastercard, Amex, etc.): _____

Card #: _____

Authorized signature: _____

Expiration date: _____

Date of authorized signature: _____

Is this authorization for a one-time payment? Yes No

If yes, for what amount? _____

**Is this authorization for all monthly invoiced amounts? Yes No

**Note: This form will be in effect until we receive written notification from you to discontinue.