

Payment Authorization Form

(Accepted: e-Check, Visa, MC, AMEX, Disc.)

(ACH BANK DRAFT or e-Check)

Routing # _____

Account # _____

Bank Name _____

Name on Account _____

Account Type Checking Savings Business Checking

(CREDIT / DEBIT CARD)

Card # _____

Exp. Date (mmyy) _____

CVV _____

(ORDER)

Amount \$ _____

Invoice# _____

Service _____

Plan _____

Notes _____

(BILLING)

First Name _____

Last Name _____

Company _____

Address _____

City, State, Zip _____

Phone # _____

E-mail _____

By signing this form, you authorize _____ **Bachleda & Rodriguez Companies**
to charge your bank or credit card for the amount listed above and assume any and all
Non-Sufficient Funds Fees.

Signed: _____ Date: _____

Authorization Call: 210-681-8283 Fax: 210-681-3402 e-mail: info@bandrco.com

Mail check: Bachleda & Rodriguez Companies, 6800 Park Ten Blvd. Ste. 217-N, SA, TX 78213
 Memo: Year, Service, Invoice #, etc. (keep and send us a copy)