

Credit Card Authorization - Bank Wire Transfer Information

Privacy: Your privacy and security is very important to us. Shring Technologies will never share ANY personal or financial information with anyone outside our organization. Once the above information is recorded in a secure and encrypted information store, this paper will be shredded. **You may also call our office to provide this information should you feel uncomfortable with putting this information in print.**

Credit Card Billing Authorization

Please fill out the following information for Shring Technologies to setup billing via credit card:

Name of Card Owner:	
Billing Address:	
Card Type:	
Credit Card #:	
Expiration Date: (MM/YY)	
Card Security Code:	
Billing Contact Phone:	
Billing Contact Email:	

Bank Wire Transfer Information

Name:	SunTrust
Account Name:	Shring Technologies
Routing:	061000104
Acct:	1000157381673

By signing below, you authorize Shring Technologies to bill your credit card, the service fees as associated with the attached invoice or quotation. Once each transaction is completed, the billing contact will receive a current invoice/receipt for these charges.

Signature:	_____
Printed Name:	_____
Date:	_____

Confidential – Not For Distribution