



## Credit Card Authorization Form

To protect our business from charge backs due to error or otherwise we require this credit card authorization form be completed and signed by an authorized individual in your company. You may cancel this authorization at any time by emailing your request to [manny@endurtech.com](mailto:manny@endurtech.com) or through our [website contact form](#).

Please complete all requested form fields. Also, notify us if your card is ever lost, stolen, or cancelled. Failure to do so will delay any work in progress and may result in your project being rescheduled in our work queue.

### CREDIT CARD INFORMATION

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CARDHOLDER FULL NAME ( as shown on card )

CARDHOLDER EMAIL ADDRESS ( used for receipts )

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CARD NUMBER ( VISA, MasterCard, AMEX, Discover )

EXPIRATION DATE ( MM/YY )

3 DIGIT CVC ( 4 on AMEX front )

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FULL CARD BILLING ADDRESS, INCLUDING CITY STATE & ZIP

I, **who have signed below**, hereby acknowledge and authorize **“Manuel A. Rodrigues III” doing business as “ENDURTECH”** to charge my credit card above for any agreed upon services and or purchases. I understand that my card information will be kept on file for any agreed upon future transaction on my account and that this authorization will remain in effect until cancelled by letter or email. **I also have read, understood and accepted the Terms of Service** available at: <https://endurtech.com/legal/terms-of-service/>

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CUSTOMER SIGNATURE

DATE ( MM / DD / YYYY )

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CUSTOMER PRINTED NAME

Please mail this completed form to **Manuel A. Rodrigues III** at **3427 Sacramento Way, Naples, FL. 34105**  
*If you scan and email a signed copy of this document, please be sure to use an encrypted email service.*

<https://endurtech.com>  
**WEB**

(239) 961-8285  
**PHONE**

[manny@endurtech.com](mailto:manny@endurtech.com)  
**EMAIL**