

(605) 343-2400  
(818) 889-2407

Fax (866) 333-9489



QBPros, Inc.  
PO Box 7501  
Rapid City, SD 57709  
<http://www.qbpros.net>

# PAYMENT AUTHORIZATION

Please complete one of authorizations below

Fax back to us at (866) 333-9489

Secure upload: <https://dropbox.yousendit.com/QBProsInc>

**Electronic Bank Withdrawal Authorization (INCLUDE COPY OF CHECK):**

I authorize QBPros, Inc. to debit my bank account for the invoice amount and to make any necessary credit entries for entries made in error to my account. I agree that this authorization will remain in effect for future invoices until I notify QBPros in writing in enough time to effect the change.

I agree that each debit that is returned unpaid by my bank will incur an additional \$50.00 charge that I agree to pay.

Account holder (Company Name that appears on check) \_\_\_\_\_

Routing Number (must be 9 digits) : \_\_\_\_\_

Account Number: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Credit Card/Debit Card Payment Authorization:** (debit cards must have Visa or MasterCard logo)

I authorize QBPros, Inc. to charge my credit card for the invoice amount and to make any necessary credits entries for entries made in error to my account. I agree that this authorization will remain in effect for future invoices until I notify QBPros in writing in enough time to effect the change.

Card type (check one):  Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Credit Card Statement Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_