SENUE OPTICAL CREDIT CARD PAYMENT AUTHORIZATION

You authorize regularly scheduled charges to your credit card. You will be charged the total amount due at the end of each billing period. A receipt for each payment will be provided to you if requested and the charge will appear on your credit card statement. You agree that no prior notification will be provided.

I _____ authorize **SENUE OPTICAL** to charge the
(Cardholder's Name)
Credit Card indicated below for my total balance on the _____ of each month.
(day)

Billing Information
Billing Address _____
City, State, Zip _____
Phone # _____
Email _____ _____

Card Details
☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name _____

Account/CC Number _____
Expiration Date ____ /____
CVV _____
Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Senue Optical in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature:_____ **Date:**_____

Please return via mail/email/fax to:

Senue Optical
422 S Western Ave. Ste 101, Los Angeles CA 90020

Email: order@senueoptical.com
Fax: (213) 402-8155