



“NO CONTRACT EVER”

10730 POTRANCO RD STE 122/257 | SAN ANTONIO, TX
78251 PHONE 210.617.3434 | 866.491.3400 | TX
LICENSE B06277601 | WWW.316SECURITY.COM

Credit Card Authorization Form

Name as appears on the Card: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Payment Amount (USD): \$ _____

Card Number: _____

Security Code: _____ Expiration Date: _____

Email address for receipt: _____

_____Recurring Monthly

I, _____
authorize 316 Security, LLC. to initiate recurring
monthly charges to the credit card account listed
above, for payment of monitoring services. I will
promptly notify 316 Security, LLC when the
expiration date changes or the credit card becomes
invalid.

I understand these charges will continue to be billed to
my credit card monthly and that if at any time I wish
to discontinue or make changes to this payment
method, I must notify 316 Security, LLC by phone
or email.

_____One Time Payment

I, _____
hereby authorize 316 Security, LLC. to enter a
charge to, and to receive payment for the credit card
account identified above in exchange for services from
316 Security, LLC.

_____I authorize 316 Security, LLC to retain the
card information above for future one-time use
when authorized.

_____I do not authorize 316 Security, LLC to
retain the card information above.

Authorized Signature

Date

Return form via Email: Billing@316security.com