

Automatic Payment Options

Hotel Name: _____

Authorized by: _____

Signature: _____

Date: _____



--Select one automatic payment option below. Fax completed form to (505) 247-8200--

Option 1: Credit Card

(initial here) _____	<p>Customer authorizes and agrees to pay InnPoints all commission fees 15 days from date of invoice by charge to the following credit card:</p> <p>Card Issuer _____</p> <p>Card Number _____</p> <p>V-Code _____ (four digit number on back of card. Required for Visa Card users.)</p> <p>Expiration Date _____</p> <p>Name on Card _____</p> <p>Authorization Signature _____</p> <p>Customer agrees to immediately notify InnPoints in the event of expiration, cancellation, loss or any other event that may affect the validity of the credit card account. If Customer fails to provide the aforesaid credit card information or if any charge is declined, the Customer shall pay all bank related transaction fees.</p>
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Option 2: Direct Debit *(This option is only available to US Companies)*

(initial here) _____	<p>Customer authorizes and agrees to pay InnPoints all invoiced commission fee 15 days from date of invoice via direct debit on the following bank account:</p> <p>Bank Name _____</p> <p>Bank Address _____</p> <p>Bank City, State, Zip _____</p> <p>Bank Contact Name and Phone# _____</p> <p>Bank Routing Number _____</p> <p>Name on Account _____</p> <p>Bank Account Number _____</p> <p>Authorization Signature _____</p> <p>Customer agrees to immediately notify InnPoints in the event of account closure, freeze, or any other event that may affect execution of transactions on this account. If Customer fails to provide the aforesaid account information or if any transaction is declined, the Customer shall pay all bank related transaction fees.</p>
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