1936 Bruce B Downs Blvd # 505
Wesley Chapel, FL 33544-9262
Ph: 813-600-1738

Payment Authorization

Company / Account Name: _____

Email address: _____ Phone: _____

ACH Payment:

Bank Name: _____ Routing #: _____

Account #: _____ Name on Acct: _____

Credit Card (processing fees apply):

Name as it appears on card: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Card Type: ☐ VISA ☐ MC ☐ AmEx (no Discover) Expiration: _____

Credit card #: _____ CVV2 Code: _____

Products & Services Authorization (check all that apply)

☐ All Current & Future Orders ☐ Monthly Service ☐ One-time Payment

☐ Replace my current payment authorization on file. One payment method per account.

Terms:

You (Customer) are authorizing Iler Group, Inc d.b.a. Fleetistics (Company) to automatically charge the balance due for the equipment and services listed on my online order. Customer is responsible to inform the Company of issues that would prevent payment processing. Customer may revoke authorization at any time with written, or e-notice, and confirmation of receipt, from Iler Group, Inc.

Equipment and installation services are not applicable to this authorization.

I AUTHORIZE THE PROCESSING OF MY CREDIT CARD OR MAKE AN ACH TRANSFER.

Signature: _____ (Type Name for Digital Signature)

Print Name: _____ Date: _____

Return to: Account Receivable

accounting@fleetistics.com

(Send as secure .pdf only)