## **Codeware, Inc. Payment Authorization Form**

Please return this form to Codeware, Inc. by mail or fax. For security purposes, DO NOT SEND BY EMAIL.			
6530 Sawyer Loop Rd., Sarasota, FL 34238 USA			
<b>Fax (941) 927-2459</b>			

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Company N	Vame
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Payment Contact Name

Phone

Email (for receipt)

## AUTOMATIC PAYMENTS

The above named company (the "Client") is a party to a separate Support and Update Service (SUS) Agreement with Codeware, Inc. and elects to enroll in the SUS Automatic Renewal Plan (the "Plan"). By enrolling in this Plan, the SUS Agreement between Codeware and the Client shall automatically renew on the terms described in Section 6(a) of the SUS Agreement. Renewal implies acceptance of the terms of the then applicable Codeware, Inc. Software License and End User Agreement and the SUS Agreement.

An invoice will be sent for review at least 45 days prior to the expiration of each renewal term. Cancellation of the automatic renewal may be made at any time up until 20 days prior to the expiration of the renewal term by sending notice to <u>sus@codeware.com</u>.

The Client hereby authorizes Codeware, Inc. to initiate annual renewal charges and any necessary credit adjustments to the account indicated. Payments will be applied approximately 20 days prior to the renewal date. The undersigned represents that he/she is a representative of the Client and has the authority to enroll in this Plan and authorize charges as indicated.

Authorized Signature	Date		
Printed Name	Title		
Payments will be charged to (check one)	□ Credit Card - Complete credit card information section below. □ Bank Account - Complete ACH bank draft information section below.		

## **CREDIT CARD INFORMATION**

I authorize Codeware, Inc. to charge my credit card for annual recurring transactions as indicated on this form.

Card Type	□ Visa □ MasterCard □ AMEX □ Discover Exp. DateMM	CCV	3 or 4-Digit Number		
Credit Card Number	Billing Z	Zip Code			
Billing Street Address					
Cardholder's Name					
Cardholder's Signature		Date			
ACH BANK DRAFT INFORMATION (USA banks only)					
Financial Institution Nam	1e				
Financial Institution Add	ress				
Account Name		□ Checking	□ Savings		
Incoming Routing Numb	er				
Account Number		Business Acct.	Personal Acct.		