Codeware, Inc. Payment Authorization Form

Please return this form to Codeware, Inc. by mail or fax. For security purposes, DO NOT SEND BY EMAIL.
5224 Station Way, Sarasota, FL 34233 USA
Fax (941) 927-2459

Company Name _____

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 sus@codeware.com.

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. Date MM / YYYY CCV 3 or 4-Digit Number

Credit Card Number | | | | | | | | | | | | | | | | Billing Zip Code _____

Billing Street Address _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

ACH BANK DRAFT INFORMATION

(USA banks only)

Financial Institution Name _____

Financial Institution Address _____

Account Name _____ ☐ Checking ☐ Savings

Incoming Routing Number _____

Account Number _____ ☐ Business Acct. ☐ Personal Acct.