



2004 Henry Parkway Connector  
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*Credit Card Auto-Bill Authorization Form*

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**\*\* PLEASE COMPLETE AND MAIL OR FAX \*\***

Card Information: (mark one)

Visa: \_\_\_\_\_

Master Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 or 4 digit code on back of card)

Credit Card Billing Address: \_\_\_\_\_

Email Correspondence: \_\_\_\_\_

I hereby authorize KMT Systems, Inc. to charge my credit card each period on the 21<sup>st</sup> of the month, for the services of security monitoring and related services based on the cycle as stated within the monitoring agreement. I agree that to cancel credit card auto billing I must provide a 30 day written notification of the date to discontinue. If notification is not provided 30 days prior and a billing cycle occurs, I understand and authorize that my card may be charged as per this agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date