

# DejaPayPro **Recurring Credit Card Payment Authorization**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt and/or an invoice for each payment will be available at your request and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes as stated below.

I \_\_\_\_\_ authorize DeNovo Systems LLC to charge my credit card between the  
(Cardholder's Name)

first to tenth day of the following month of use of DejaPayPro software for the following services:

\$ \_\_\_\_\_ **First Month's Bill** (includes first month's license, setup & training)

## RECURRING BILLING

\$ \_\_\_\_\_ **Monthly License Fee** (retail, restaurant or scheduling). *Circle one.*

\$ \_\_\_\_\_ **Additional Tablets** (additional iOS/Android beyond the first)

\$ \_\_\_\_\_ **Additional Terminals** (additional CC terminals beyond the first)

\$ \_\_\_\_\_ **Optional VIP Support Package** (see terms & agreements)

**I consent to an increase of the recurring payment amount of \$ \_\_\_\_\_ per tablet per month or \$ \_\_\_\_\_ per terminal for any additional devices installed after the first month. \*Proper notice to DejaPayPro representatives required.**

**For a total recurring: \$ \_\_\_\_\_**

## CARD DETAILS

Billing address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## BILLING INFORMATION

VISA     MasterCard     Discover     American Express

Cardholder name (as shown on card) \_\_\_\_\_

CC number \_\_\_\_\_ Expiration date \_\_\_\_\_/\_\_\_\_\_ (mm/yyyy)

Zip code \_\_\_\_\_ CVV \_\_\_\_\_ (optional 3 or 4 digit card verification value)

I understand that this authorization for payment on recurring transaction(s) will remain in effect until I cancel it in writing, and I agree to notify iPOS Systems, (Denovo Systems/Dejavoo Systems) in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

I, \_\_\_\_\_ (printed name) authorize Denovo Systems LLC to charge my credit card above on a recurring basis for agreed upon services. I understand and consent that all my card information will be saved to file for future transactions on my account.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Cardholder's Signature)