

DEALER CREDIT CARD FORM

DATE: _____

DEALER # _____

DEALER NAME: _____

CREDIT CARD

NAME ON CARD: _____

BILLING ADDRESS: _____

CARD #: _____

EXPIRATION: _____

DATE TO TAP: 10TH

Please Note: ACH processing of invoices is always available at no cost. Payments made with a credit card will accrue a 1.25% convenience fee that will appear on the following month's invoice.

AUTHORIZATION

By signing below, I authorize Lydia Security to automatically withdrawal funds from my above requested account to pay my monitoring invoice. I understand it is my responsibility to review my invoices and notify COPS Monitoring/UCC of any discrepancies or issues. I understand that if my credit card declines, I will be notified.

SIGNATURE: _____

PRINT NAME: _____

PHONE: _____

FAX OR EMAIL BACK TO:
856-388-4408
ACCOUNTING@COPSMONITORING.COM