



### Automatic Credit Card Payment Form

1) Credit Card # (Visa or MC): \_\_\_\_\_

2) Expiration Date \_\_\_\_\_ / \_\_\_\_\_

3) CVN : \_\_\_\_\_

4) Eye Q Account Number: \_\_\_\_\_

5) Company Name: \_\_\_\_\_

6) Name on Credit Card: \_\_\_\_\_

7) Billing Address: \_\_\_\_\_

8) Zip Code: \_\_\_\_\_

Payment options: (Please choose one)

Eye Q Eyewear will charge my credit card automatically after each invoice.

Eye Q Eyewear will charge my credit card automatically at each month's end with my statement balance.

Cardholder Signature \_\_\_\_\_