



Automatic Credit Card Payment Form

Please complete the form and either email or fax to Eye Q Eyewear.

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 _____