Codeware Inc. Payment Authorization Form

COMPANY INFORMATION

Company Name _____

Payment Contact Name _____

Phone _____ Email (for receipt) _____

ONE-TIME PAYMENT

Invoice / Renewal Notice Number _____ Amount (US$) _____

CREDIT CARD INFORMATION

I authorize Codeware Inc. to charge my credit card as indicated on this form.

Card Type   ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover   Exp. Date _MM / YYYY_   CCV _3 or 4-Digit Number_

Credit Card Number | | | | | | | | | | | | | | | | | Billing Zip Code _____

Billing Street Address _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

AUTOMATIC PAYMENTS

The above named Company ("Client") is a party to a separate Support and Update Service (SUS) Agreement with Codeware Inc. and elects to enroll in the SUS Automatic Renewal Plan ("Plan"). By enrolling in this Plan, the SUS Agreement between Codeware and the Client shall automatically renew on the terms described in Section 6(a) of the SUS Agreement. Renewal implies acceptance of the terms of the then applicable Codeware Inc. Software License and End User Agreement and the SUS Agreement.

An invoice will be sent for review at least forty-five (45) days prior to expiration of each renewal term. Cancellation of the "Plan" may be made at any time up until twenty (20) days prior to the expiration of the then current renewal term by sending notice to sus@codeware.com.

Client hereby authorizes Codeware Inc. to initiate annual renewal charges and any necessary credit adjustments to the account indicated. Payments will be applied approximately twenty (20) days prior to renewal date. The undersigned represents that he/she is a representative of Client and has the authority to enroll in this Plan and authorize charges as indicated.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Payments will be charged to (check one)   ☐ Credit Card - Complete credit card information above.
☐ Bank Account - Complete ACH bank draft information below.

ACH BANK DRAFT INFORMATION
(U.S. banks only)

Financial Institution Name _____

Financial Institution Address _____

Account Name _____   ☐ Checking   ☐ Savings

Incoming Routing Number _____

Account Number _____   ☐ Business Acct.   ☐ Personal Acct.

Please return this form to Codeware Inc. by mail or fax.
6530 Sawyer Loop Rd., Sarasota, FL 34238 USA
Fax (941) 927-2459