

Amtek Subscription Form

General Information			
Company Name			
Your Name			
Address			
City, State, Zip			
Office Phone		Cell Phone	
Fax		Email	
Tax ID #			

Services - Check one or more boxes to select preferred service(s)				
<input type="checkbox"/> Austin-SA	<input type="checkbox"/> DFW	<input type="checkbox"/> Houston	<input type="checkbox"/> TxDot	<input type="checkbox"/> Virtual Plan Room

Credit Card	<input type="checkbox"/> MC	<input type="checkbox"/> Visa	<input type="checkbox"/> Debit
Card Number	_____ - _____ - _____ - _____		
Expiration Date	___ / ___ (mm/yy)		
Card Verification #	_____ (This is the 3 numbers on back of your credit card.)		
Name (as reads on card)			
Billing Address			
City, State, Zip			

PLEASE READ CAREFULLY

I, (we) herby authorize Amtek Information Service, Inc. to automatically charge my credit card the total amount due for my monthly subscription. I am aware of my right to stop charges with a written notification to Amtek Information Service, Inc. at any time up to 10 days before the end of any calendar month.

I, (We) authorize Amtek Imaging, LLC to charge my credit card for all plans and specs received during the previous month.

I understand my credit card will be charged the last calendar day of each month to continue my subscription for the following month.

Signature

Please Print Name

Date