

AMTEK SUBSCRIPTION FORM

CONTACT INFO			
Company			
Name			
Address			
City, State, Zip			
Office Phone		Cell Phone	
Email			
Tax ID #			

SELECT SERVICES				
<input type="checkbox"/> Austin/San Antonio	<input type="checkbox"/> DFW	<input type="checkbox"/> Houston	<input type="checkbox"/> TXDOT	<input type="checkbox"/> Virtual Plan Room

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

PLEASE READ CAREFULLY

I, (we) hereby 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_____
Print Name_____
Date