

Authorization Agreement

I hereby authorize **Best Case Solutions, a division of Aspen Publishing** to initiate automatic charges to my credit/debit card account at the financial institution named below.

Further, I agree not to hold **Best Case Solutions**, responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Best Case Solutions** receives a written notice of cancellation from me or until I submit a new authorization form to the Sales Department. I understand that I am responsible for notifying **Best Case Solutions** to update credit/debit card expiration dates when they change.

Fax this form to 1.847.492.8038 or mail it to us at Best Case Solutions: PO Box 32, Evanston, IL 60204. Please do NOT email this form. If you have any questions please call and speak to a sales representative at 1.800.492.8037.

***Please Type or Print Clearly:**

Customer Information

Attorney Name: _____ Attorney Email: _____
Contact Name (Optional): _____ Contact Email: _____
Company Name: _____
Phone Number: _____
Serial Number: _____

Account Information

Card Holder Name: _____ Card Type: _____
Credit Card Number: _____ VID Code: _____
Expiration Date: _____
Billing Address: _____

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____