



CREDIT CARD MONTHLY BILLING PRE-AUTHORIZATION FORM

I, _____, authorize LEAR COMMUNICATION INC to automatically
 client/parent/guardian

charge my Visa or Mastercard for the services rendered on the account of

_____ each month when the invoice is generated.
 name of client

I understand that a paid receipt will immediately be sent out upon processing each month's payment. If I wish to discontinue automatic monthly credit card billing, I may do so at any time.

CREDIT CARD TYPE Visa Mastercard

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

BILLING ADDRESS _____

NAME ON CREDIT CARD _____

Signature

Date