

AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS

I (WE) HEREBY AUTHORIZE, DIRECT AND EMPOWER EMPLOYER ADVISORS NETWORK, INC. TO INITIATE CREDIT CARD DEBIT ENTRIES FOR THE MONTHLY OR A ONE TIME ANNUAL PAYMENT USING MY CREDIT CARD INFORMATION INDICATED BELOW FOR ACCESS TO HR THAT WORKS LICENSING. I (WE) UNDERSTAND THAT IF MY (OUR) PAYMENT DUE DATE FALLS ON A WEEKEND OR HOLIDAY, THAT THE CREDIT CARD DEBIT WILL BE INITIATED ON THE NEXT BUSINESS DAY.

- | | |
|--|---|
| <input type="checkbox"/> \$500/MONTH FOR 1-25 LICENSES | <input type="checkbox"/> \$750/MONTH FOR 1-50 LICENSES |
| <input type="checkbox"/> \$1,000/MONTH FOR 1-100 LICENSES | <input type="checkbox"/> \$2,000/MONTH FOR 1-250 LICENSES |
| <input type="checkbox"/> \$2,500/MONTH FOR 1-500 LICENSES | <input type="checkbox"/> \$_____/MONTH FOR _____ LICENSES |
| <input type="checkbox"/> \$_____ FOR _____ LICENSES (ANNUAL PAYMENT) | |

THE FIRST MONTH'S MEMBERSHIP FEE OF \$_____ AND INITIAL SET UP FEE OF \$1,997.00 WILL BE CHARGED SEPARATELY.

CARDHOLDER INFORMATION:

CREDIT CARD INFORMATION:

NAME OF CARDHOLDER

TYPE OF CREDIT CARD

BILLING ADDRESS ON CARD

CREDIT CARD NUMBER

STATE, CITY, POSTAL CODE

EXPIRATION DATE

Card Verification Value (on back of cc)

THIS AUTHORIZATION AGREEMENT IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL TERMINATION OF THE AUTHORIZATION AGREEMENT BY EITHER PARTY WITH AT LEAST THIRTY (30) DAYS WRITTEN NOTICE AS PER THE HR THAT WORKS PROGRAM AGREEMENT.

PRINT NAME

SIGNATURE

DATE

MONTH TO BEGIN

PLEASE FAX COPY TO: (619) 934-1790 AND MAIL ORIGINAL TO: EMPLOYER ADVISORS NETWORK, INC., 450 B STREET, SUITE 1800, SAN DIEGO, CA 92101.