

**CHARGE CARD AUTHORIZATION AND LIMITED POWER OF ATTORNEY**

Application Processing Services, Inc. (APS), provides services to the undersigned Member pursuant to a separate Membership Application / Service Agreement. Member hereby appoints APS as its agent and attorney-in-fact for the limited purpose of verifying the status of and authorizing charges to Member's credit card account from time to time. APS's authority as agent and attorney-in-fact for Member is expressly limited to the terms and conditions spelled out in this document.

**Member agrees that if any balance remains owing to APS for more than \_\_\_\_\_ days, APS, as agent and attorney-in-fact for Member, is authorized (for its own benefit and on its own behalf) to charge the Member's unpaid balance to the following credit card without prior notice to Member:**

Card Type: \_\_\_\_\_  
Issuer: \_\_\_\_\_  
Card Number \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
3-Digit Security Code: \_\_\_\_\_

APS agrees to promptly notify Member after making any such charge. The Member's account with APS shall be credited with the full amount of any such charge once payment by the Issuer has been received by APS.

This authorization shall remain in effect for 60 days following termination of the related Service Agreement by either party.

Member further agrees that the charge account identified above shall not be cancelled prior to 60 days following termination of the related Service Agreement.

**In addition, APS is authorized to contact the card's Issuer from time to time to verify the status of the charge account.**

Member Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Name of person signing

\_\_\_\_\_  
Office / Title

\_\_\_\_\_  
Date Signed

Required Attachments: (1) photocopy of front and back of charge card \_\_\_\_\_

(2) photocopy of driver's license of person signing \_\_\_\_\_