

## Credit Card Authorization

**(Please remit this form to the address listed below  
With a copy of your credit card (front and back) and a copy of your ID)**

I hereby authorize H2O SYSTEMS INC, Inc to charge the credit card below for my monthly bills. I agree that H2O SYSTEMS INC, Inc shall not be under any obligation to furnish me with any special notice in writing or otherwise of the preparation for payment of any such charge to my credit card. I further agree that the rights of H2O SYSTEMS INC, Inc in respect to each charge shall be the same as if issued and signed personally by me. This authorization shall remain in effect until revoked by me in writing, and H2O SYSTEMS INC, Inc actually receives such notice. My signature below constitutes my acceptance of these terms and H2O Systems, Inc's authority to charge my credit card as of the date below.

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Name EXACTLY as shown on credit card

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Credit Card Number

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Exp Date

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Security Code

Circle One:            MasterCard            Visa

*(H<sup>2</sup>O Systems, Inc only accepts the above credit cards for recurring draft)*

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H<sup>2</sup>O Systems, Inc Account Number

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Service Address

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Signature

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Date

PLEASE BE ADVISED THAT THIS DRAFT **WILL NOT BE EFFECTIVE UNTIL THE MONTH FOLLOWING RECEIPT** BY H2O SYSTEMS, INC. PLEASE CONTACT OUR PAYMENT OFFICE AT (985) 626-5132 TO ARRANGE FOR PAYMENT IF YOU HAVE ANY CURRENT AND/OR PAST DUE CHARGES ON YOUR ACCOUNT

**Fax: 985-626-5033**

**Email address: [info@h2osystemsinc.com](mailto:info@h2osystemsinc.com)**