

TRIPLE CHECK PAYROLL

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PLEASE DELIVER TO ADDRESSEE AS SOON AS POSSIBLE

MANDATORY CREDIT CARD AUTHORIZATION

_____ **Option 1 Easy Pay Fix billing** ___ monthly ___ Quarterly ___ Yearly _____ Amount \$

_____ **Option 2 Not Fix Billing** if your invoice amount not received within 7 business days from the invoice date You are authorizing NBS, Inc. to charge this credit card listed below for full amount of the invoice

DATE:

TO:

ATTN:

FAX:

ACCT#:

FROM:

Per our new procedure, please complete and fax, mail, email or in drop off this form with a valid credit card to have on your account.

C/C #: _____ *VISA MASTERCARD DISCOVER AMERICAN EXPRESS*

Exp. Date: ____ / ____ CVV: ____ Back ____ American Express Front

BILLING NAME & ADDRESS: _____

NAME: _____ SIGNATURE: _____

Thank you!

***By signing above, you agree to have Nash Business Services add your credit card on file. If Payment is not received within 7 business days from the invoice date, Nash Business Services is authorized to charge this credit card for the full amount of the invoice.

Benefit of using this services: No need to write the check, Postage, mail the check, use your CC and get points, Stress Free!