



# Payment Plan Agreement

Credit Card Payment Authorization  
VISA, MASTERCARD, AMEX and DISCOVER

Order # \_\_\_\_\_ Invoice # \_\_\_\_\_ Invoice Date \_\_\_\_\_

I, as the Cardholder/s, hereby authorize your Credit Department to charge my monthly statement balance for the invoice stated above to my primary or secondary credit card according to guidelines listed below:

- This credit card transaction will be processed automatically each month.
- The credit card charge will equal the "AMOUNT" on the statement.
- Secondary credit card will be used in the event that an approval number cannot be obtained for the primary card number.

Primary Card				Secondary Card			
# _____	_____	_____	_____	# _____	_____	_____	_____
Expiration Date _____ / _____		Mo Yr		Expiration Date _____ / _____		Mo Yr	
MasterCard	Visa	Amex	Discover	MasterCard	Visa	Amex	Discover
Complete cardholder's name, address and phone number on file with credit card Company				Complete cardholder's name, address and phone number on file with credit card Company			
Name	_____			Name	_____		
Address	_____			Address	_____		
Address	_____			Address	_____		
City, State, Zip	_____			City, State, Zip	_____		
Phone	_____			Phone	_____		
Fax	_____			Fax	_____		

I, as the cardholder, will be responsible for notifying, in writing, the Credit Department one month in advance if cancellation of this service is requested, or if there are any changes to the below card(s) information.

\_\_\_\_\_  
Cardholder's Name PLEASE PRINT

\_\_\_\_\_  
Cardholder's Name PLEASE PRINT

\_\_\_\_\_  
Cardholder(s) Signature(s) Required / Date

\_\_\_\_\_  
Cardholder(s) Signature(s) Required / Date

Please return the completed and signed agreement to:  
DINAIR® Credit Department  
5315 Laurel Canyon Blvd, Suite 201 North Hollywood, CA 91607

**Email PaymentPlans@Dinair.com or FAX to 818-301-2354**