



# CREDIT CARD AGREEMENT

LEGAL COMPANY NAME

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Name on Card		Billing zip code	
Account Number		Expiration Date	

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## Purpose of credit card

- I authorize SE Net to use the card listed above for payments.
- A convenience fee of 3% will be added to each payment.
- This agreement may be revoked at the customer's request within 1 business day by emailing [accounting@s-e.net](mailto:accounting@s-e.net)
- The revoking will not affect open jobs that are currently in progress.
- **Any payment resulting in a rejection may terminate this agreement.**

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Customer Authorized Signature

Date

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Approved SE Net Accounting Signature

Date

**Payments with this card will be reflected in your invoice**  
**Return to [Accounting@s-e.net](mailto:Accounting@s-e.net)**