



NATIONAL
CAPTIONING
INSTITUTE

Credit Card Authorization and Guarantee Form

National Captioning Institute, Inc requires a credit card guarantee from new customers. Please complete the required information below. If payment is not received in a timely manner, National Captioning Institute, Inc. reserves the right to charge the credit card number provided below, and by signing the guarantee, you give NCI permission to do so.

Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # () _____

Type of Credit card (circle one) Master Card Visa American Express

Name on card _____

Credit Card Account Number _____

Expiration Date _____

Billing Address for card _____

Preferred method of payment? YES NO

On behalf of the above-named entity, I attest to the accuracy of the information provided. In addition I agreed that full payment for services rendered is due upon completion of the work and I authorize National Captioning Institute, Inc. to charge the credit card number provided above.

Signature of Credit Card Holder _____

Date _____

Printed name _____

Title _____

When signed, please email this document back to acctsreceivable@ncicap.org or fax it to: (703) 917-7626.