



TAKK Systems Inc.

17 Battery Place, Suite 906, New York, NY 10004

Monthly Monitoring Fees Credit Card Authorization

Authorization Agreement

By submitting the completed form, you authorize TAKK Systems to automatically debit your credit card each month.

Your payments will be debited from your credit card on the date shown on your bill. If the date falls on a Saturday, Sunday, or holiday, the debit may occur on the following business day. You understand and agree that TAKK Systems is not liable for erroneous bill statements or incorrect debits to your account, except that should an error in the bill statement occur, TAKK Systems will be responsible for correcting it if and when TAKK Systems receives notice from you of this error.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree to notify the TAKK Systems in writing of any changes in my account information or termination of this authorization 15 days prior to the date of the charges. I understand that cancellations must be made in writing and I will not dispute TAKK Systems debiting my checking/savings account, so long as the amount corresponds to the terms indicated in this contract. This agreement will remain in effect until TAKK Systems receives a written notice of cancellation from me or my financial institution.

Your participation in this payment option is subject to TAKK Systems' approval. You understand that TAKK Systems reserves the right, upon written notification, to terminate your participation in this payment option. TAKK Systems may terminate this option at any time, as authorized by applicable law.

Account Information

Credit Card: Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Recurring amount: \$ _____
Account Name: _____		
Name as it appears on card: _____		
Billing Address: _____		
Billing City: _____	Billing State: _____	Billing Zip Code: _____
Billing Country: _____		Billing Telephone Number: _____
Card # _____ - _____ - _____ - _____		
Expiry: ____ / ____	Security Code (3 digits on back of card): _____	

Signature

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____