



2738 N. Campbell Avenue, Tucson, AZ 85719
Telephone 866-674-3549 Fax 520-883-3172

AUTOMATED RECURRING BILLING (ARB) AGREEMENT

I, _____, hereby authorize ASSISTECH (the "Merchant") to charge my Credit Card as listed below on a monthly basis, for the purchase of _____

Name on the Credit Card: _____
Credit Card Number: _____-_____-_____-_____ Exp. Date: _____
Billing Address: _____

Monthly Charge: \$ _____ Number of Charges: _____
Date of First Monthly Charge: _____
Date of Last Monthly Charge: _____

TERMS AND CONDITIONS OF PAYMENT PLAN:

I represent that the above credit card will have the necessary funds for the authorized transactions. In the event that the credit card is declined (for whatever reason), interest will start accruing at the rate of 1.8 % a month on the unpaid balance. A \$10 late payment fee may also be assessed at the Merchant's sole discretion. I understand that the Merchant may start formal collection if balance is not paid after 60 days.

I further agree to return the merchandise, if requested by the Merchant, if I default on any payments. This option will preclude the Merchant from pursuing formal collection as long as the merchandise is in good condition. I



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understand that this Agreement is bound by the [Merchant's Refund Policy](#) and that NO REFUND OR CREDIT will be provided if merchandise is returned after 30 days from the date of purchase.

I understand that credit approval is contingent upon my credit history. I hereby authorize ASSISTECH to verify my credit with the following credit references:

1.

Company Name: _____
Address: _____

Telephone: _____ Fax: _____
Account Number: _____

2.

Company Name: _____
Address: _____

Telephone: _____ Fax: _____
Account Number: _____

3.

Company Name: _____
Address: _____

Telephone: _____ Fax: _____
Account Number: _____

Applicant's Signature

Date



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ADDITIONAL INFORMATION:

Your Name: _____

Monthly Income: _____ Employed? Y N

Employer's Name: _____

Employer's Address: _____

Business Phone Number: _____

Home Phone Number: _____

SHIPPING ADDRESS: (Only if different than billing address)



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CREDIT CHECKS

COMPANY NAME: _____

NAME OF CONTACT: _____

DATE: _____ CHECKED BY: _____

FINDINGS: _____

COMPANY NAME: _____

NAME OF CONTACT: _____

DATE: _____ CHECKED BY: _____

FINDINGS: _____

COMPANY NAME: _____

NAME OF CONTACT: _____

DATE: _____ CHECKED BY: _____

FINDINGS: _____
