



Spartan Structures LLC.
1084 HWY 96 N.
Center, TX 75935
O:936.598.6689 F:936.598.6689

ELECTRONIC PAYMENT AUTHORIZATION FORM

CONTACT/BILLING INFORMATION

NAME: _____ EMAIL: _____
(Payment confirmation/schedule)
ADDRESS: Street: _____
City: _____ County: _____
State: _____ Zip Code: _____
PHONE: _____

PAYMENT PLAN DETAILS

PAYMENT AMOUNT: _____ DAY OF MONTH: _____
OF PAYMENTS: _____
FREQUENCY OF PAYMENT: MONTHLY WEEKLY ONE TIME
(Circle One)

BANKING INFORMATION

BANK INFORMATION:

ROUTING # _____ ACCOUNT # _____
NAME ON ACCOUNT: _____ BANK NAME: _____

CREDIT CARD INFORMATION:

Visa Master Card Discover American Express

CARD #: _____ EXP. DATE: _____ CSC CODE: _____
NAME ON CARD: _____
BILLING ADDRESS: _____
CITY: _____ COUNTY: _____
STATE: _____ ZIP CODE: _____

PAYMENT AUTHORIZATION

I authorize Spartan Structures to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Spartan receives written notification from me of any intent to terminate this payment plan and at such time in such manner as to afford spartn reasonable opportunity to act. (min 30 days)

I understand that if the total amount owed to Spartan is increase, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to the company is paid off, or unless the plan is terminated early by me above. I understand any added amounts can be applied for with a new authorization form.

I represent and warrant that I am authorize to execute this payment authorization for th epurpose of implementing this electronic payment plan. I indemnify and hold Spartan Structures and the bank harmless from damage,loss, or claim resulting from all authorized actions hereunder.

Customer: Print: _____ Signature: _____