



I authorize Veara to charge my credit or debit card for services as specified on my account. Completed form should be saved and email to accounting@veara.com

Type of Card:

- Visa
- MasterCard
- American Express

Account Number: _____

Name on Card: _____

Expiration Date: ____ / ____

Security Code: _____

Credit Card: _____ Debit Card: _____

Address on Card: _____ (exactly as appears on statement)

Zip Code: _____ City: _____ State: _____

Phone Number: _____

Signature: _____ Date: _____

Special Note

Completed form should be saved and emailed to: accounting@veara.com

Send by Facsimile to this number: 1-440-922-1632.

Private Facsimile – No Cover Page Required

Use the Print Button on your browser to print and fill in this form!