



Reoccurring Credit Card Authorization
Please Complete And Return To Local Branch Office

Company Information		
COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
Contact Information		
FIRST NAME:	LAST NAME:	
TITLE:	EMAIL:	
Payment Authorization		
<p>Your credit card will be charged for services provided by Barrington Staffing Services in association with your use of services until revoked by you in writing.</p> <p>The service fee for using this convenience is 3% over the invoice amount and is charged at the same time to your card.</p> <p>Each week there are services billed, you will receive an invoice detailing the charges applied to your credit card.</p> <p>Please note that your credit card information is secure and is NOT accessible over the Internet.</p>		
CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS		
CREDIT CARD NUMBER: CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____		EXPIRATION:
NAME AS IT APPEARS ON THE CARD:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP:
SIGNATURE:		
Your signature above signifies that you authorize Barrington Staffing Services. to bill your credit card for all services used by your company.		
For Office Use Only		Barrington Staffing Services P.O. Box 5089 West Hills, CA 91308-5089 www.barringtonstaffing.com FEDERAL I.D. 95-3985837
<input type="checkbox"/> Branch	<input type="checkbox"/> Accounting	