



P O BOX 100, Centreville, Maryland 21617-0100

## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, whose address is:

\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_.

Hereby authorize Matrix Solutions and Security, LLC. to debit my VISA or MASTERCARD.

My account number is as follows:

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

For charges incurred in connection with the monitoring noted below. I understand such debiting for monitoring payments will normally occur annually as long as I am actively enrolled or until such time that I deliver written notice of the termination of the authorization to Matrix Solutions and Security, LLC. I also agree to hold Matrix Solutions and Security, LLC. harmless from liability as a result of its activities in connection with such transactions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

Customer Signature: \_\_\_\_\_

Monitoring Fee: \_\_\_\_\_

\_\_\_\_\_  
*Representative of Matrix Solutions and Security, LLC.*