



AUTOMATIC CHARGE AUTHORIZATION

I authorize the company REDES INTEGRADAS CORPORATIVAS LIMITADA. Legal ID No. 3-102-695468 to charge my CARD the fee corresponding to the requested services, as well as other pending charges, if any, for the sole purpose of paying the invoices generated in the name of the SUBSCRIBER, which are sent by electronically for verification. At the same time, I agree to periodically review my account statements to make sure that the deductions for these concepts are being made correctly.

I understand that it is the responsibility of the SIGNATORY to notify in writing any change that arises in this application, whether due to its renewal or any other reason that makes it impossible to make the automatic charge, change in the card number, expiration date, loss, etc.

I authorize the company, in the event that the automatic charge is rejected for any of the aforementioned reasons, to make it again during the current month, on the date that it considers pertinent and that in the event of accumulating two rejected, consecutive discharges, it may carry them out together to bring the account up to date, and that if the delay is maintained, automatically and without prior notice, it will be eliminated from the payment by discharge, and must be attached to any other payment method, with the client assuming the consequences of keeping the contract in arrears

Cardholder Data:

I, _____ ID or passport #, _____

I authorize Redes Integradas Corporativas Limitada to make the debits within the first eight days of the current month, deducting the monthly fee for payment of the monthly payment according to the contract. In addition, I authorize you to deduct, if necessary, the fees that are in arrears, as well as other pending charges, if any, and related items.



Redes Integradas Corporativas

Card Type:	Debit	Credit	Visa	MasterCard	Other. Indicate.
Card number					
Issuing bank					
Expiration Date (month and year)					
Cell phone					
Email					
Physical Address: Include sector or neighborhood as well as residence number					

I accept the above terms and in case of non-compliance with any of them, I release Redes Integradas Corporativas S.R.L from all responsibility.

Authorization Signature: _____

Date:

Please fill out the data, sign it and send it to the email financiero@reicocr.com together with a legible copy of your identification on both sides.