



2738 N. Campbell Avenue, Tucson, AZ 85719  
Telephone 866-674-3549 Fax 520-883-3172

**AUTOMATED RECURRING BILLING (ARB) AGREEMENT**

I, \_\_\_\_\_, hereby authorize ASSISTECH, INC. (the "Merchant") to charge my Credit Card as listed below on a monthly basis, for the purchase of \_\_\_\_\_  
\_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Monthly Charge: \$ \_\_\_\_\_ Number of Charges: \_\_\_\_\_  
Date of First Monthly Charge: \_\_\_\_\_  
Date of Last Monthly Charge: \_\_\_\_\_

**TERMS AND CONDITIONS OF PAYMENT PLAN:**

I represent that the above credit card will have the necessary funds for the authorized transactions. In the event that the credit card is declined (for whatever reason), interest will start accruing at the rate of 1.8 % a month on the unpaid balance. A \$10 late payment fee may also be assessed at the Merchant's sole discretion. I understand that the Merchant may start formal collection if balance is not paid after 60 days.

I further agree to return the merchandise, if requested by the Merchant, if I default on any payments. This option will preclude the Merchant from pursuing formal collection as long as the merchandise is in good condition. I



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understand that this Agreement is bound by the [Merchant's Refund Policy](#) and that NO REFUND OR CREDIT will be provided if merchandise is returned after 30 days from the date of purchase.

I understand that credit approval is contingent upon my credit history. I hereby authorize ASSISTECH, INC to verify my credit with the following credit references:

1. 

Company Name: _____
Address: _____
_____
Telephone: _____ Fax: _____
Account Number: _____

2. 

Company Name: _____
Address: _____
_____
Telephone: _____ Fax: _____
Account Number: _____

3. 

Company Name: _____
Address: _____
_____
Telephone: _____ Fax: _____
Account Number: _____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**ADDITIONAL INFORMATION:**

Your Name: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Employed? Y N

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

SHIPPING ADDRESS: (Only if different than billing address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## CREDIT CHECKS

COMPANY NAME: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

DATE: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_

FINDINGS: \_\_\_\_\_

\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

DATE: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_

FINDINGS: \_\_\_\_\_

\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

DATE: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_

FINDINGS: \_\_\_\_\_

\_\_\_\_\_