



Member Bank Draft Authorization Form Credit/Debit

Member ID #: _____

Drivers License # of Authorized Account Holder

Issuing State

Date of Birth (month/day/year)

Preferred Member Name

(Last

First

MI)

Home Phone #

Cell Phone #

Fax Phone #

Address

Email Address

Chose one or more of the following options:

____ Auto Payment Program; I authorize Over The Horizons to automatically draft my Credit/Debit Card account, identified below, each month in the amount of \$_____ (and up to an additional 15% to account for order variations plus all applicable shipping charges and sales tax). Draft will automatically occur on or about the anniversary date. I may terminate this auto draft authorization at any time by written notice to Over The Horizons, which must be received no later than the 5:00p.m. CST 2 days before the anniversary date, in order to avoid the monthly/yearly membership fee and the corresponding draft for the subsequent month/year. This form must be completed in its entirety. No order will be processed if the order total exceeds the amount authorized in this paragraph.

____ Miscellaneous product purchase(s); I authorize Over The Horizons to automatically draft my Credit/Debit Card account, identified below, each month in the amount of \$_____ (and up to an additional 15% to account for order variations plus all applicable shipping charges and sales tax). Over The Horizons may draft my account with my verbal authorization to pay for products up to the maximum amount authorized in this paragraph. This authorization is in effect until I cancel this authorization in writing.

All Credit/Debit Cards must have the account holders name printed on the credit/debit card. Over The Horizons will not accept credit/debit cards drawn on banks outside the United States. In the event that any credit/debit card is returned, I agree to pay a service charge of \$50, or such other service charges if the amount mandated by state law as well as any additional cost due to collection of debt as permitted by applicable law. Any orders attributed to a returned credit/debit will be cancelled immediately. Over The Horizons will pursue credit/debit card user makers who submit insufficient funds to the company to the fullest extent of the law. Use of draft method may result in orders being held until funds have cleared the bank. This Terms & Conditions (This Agreement) is a legal agreement between you (You, Your, Customer, or User) and OTH, an independent establishment of OTH. I agree to the Terms & Conditions set fourth in these terms & conditions for the use of my credit card payment information that I choose to utilize within OTH. This Agreement is between you and OTH only, and provides OTH the ability and authorization, with your consent and initiated by you, to utilize your credit card payment information for any customer initiated payments and/or purchases on any and all sites within OTH. OTH is solely responsible for the service, content and materials provided through OTH and the service generally. User acknowledge and agrees that he or she is solely responsible for and shall abide by (1) the terms of this Agreement; and (2) all policies, procedures and regulations of OTH; and (3) any cardholder, issuing bank and card brand rules. User warrants, represents and agrees that you have all legal rights to utilize the credit card information for which you are providing authorization for this purchase. This agreement shall terminate upon date that all obligations of the parties hereto with respect to this agreement have been satisfied. For returns or cancellation policies and procedures, please refer to OTH Customer Support/OTH Sales in which you are purchasing the products. Pay critical attention to these policies as they change based on where you are utilizing your credit card payment information and/or where you are purchasing products from OTH. I hereby authorize OTH to change the amount specified to the designated payment type.

* Refers to VISA,, Master Card, American Express, Discover and any networks that utilize these brands as getaway providers.

Authorized Signature

Print Name

Date

Name As It Appears On The Card	Card #	EXP Date MM/YY	CVC #