



SHIVER
SECURITY SERVICES

Automatic Credit Card Payment Authorization Form

This is authorization for Shiver Security Systems, Inc., to automatically charge the credit card below for Alarm Services:

Type of Credit Card: _____MasterCard _____VISA

Card Number: _____ Exp. Date: ____ / _____

Name on Card (*please print*) _____

Shiver Customer Number _____

Account Name _____

Billing Address _____

City _____ State _____ Zip _____

Authorized Signature

Date

**Return completed form to: Shiver Security Services
1400 Cincinnati St.
Dayton OH 45417**

or....email for to: admin@shiversecurityservices.com

Cincinnati & N. Kentucky 6404 Thornberry Court, #410 | Mason, Ohio 45040 | P: 513.618.3285 | F: 513.719.4050
Dayton and Springfield 1400 Cincinnati Street | Dayton, Ohio 45408 | P: 937.425.6525 | F: 937.228.2573

Toll-free: 877.577.5591 | www.shiversecurityservices.com