



Annual Recurring Payment Form

Should you wish to sign up for our Annual Recurring Payment option, we will guarantee your current contract price for the duration of your continuation with this annual billing program & agreement. You will also continue to receive the yearly 10% Discount (Early Bird + Full Pay).

If you would like to enjoy the convenience of annual automatic charging, simply complete the information below and sign the form. All requested information is required. Upon approval, we will charge your credit card for the amount indicated on your SFWM Agreement. Your total charges will appear on your credit card statement and you will receive a receipt confirming that we have run your card. Your card will then be charged annually in September for the full amount due. You will receive a yearly receipt confirming payment. You may cancel this automatic payment authorization at any time by contacting us via email at sage@santafewalkingmap.com.

I _____ of _____ business authorize **Santa Fe Walking Map, LLC** to charge my Credit Card indicated below for \$_____ plus current GRT, on the first day of September, or the next applicable business day following the first, each year.)

Credit Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV ____

Zip Code _____

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

I certify that I am duly authorized to act as an agent on behalf of the above Business and to execute this agreement. I have read and understand the terms of this agreement. I understand that this authorization will remain in effect until I cancel it in writing. I understand that my yearly contract price will remain the same for as long as this agreement is in effect. I understand that in order for this agreement to remain in effect, it is my responsibility to contact **Santa Fe Walking Map, LLC** in writing should there be any changes to my credit card information. I also understand that it is my responsibility to notify **Santa Fe Walking Map, LLC** should my publication media require changes for successive years. I agree to notify **Santa Fe Walking Map, LLC** in writing of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the charge date. I also agree that no notification will be provided prior to the charging of my card. I understand that I will have until March of each upcoming publication year to change my publication information.

I understand that my payment may be executed on the first of September, or on the next business day when **Santa Fe Walking Map, LLC** is able to run my card. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____ DATE: _____