AUTO PAY AUTHORIZATION FOR ISCREEN VISION, INC.

Return completed form by secure fax to 877-834-2966.

Please complete the information below to give iScreen Vision, Inc. permission to auto draft your account or auto charge
your credit card for invoices associated with products purchased and services rendered.

Once your authorization is received, your account will be drafted for all outstanding and future invoices.

If you have any questions, please call our Accounting Dept at (901) 201-6138 or email Billing@iscreenvision.com.

iScreen Vision, Inc., Attn: A/R, 748 Walnut Knoll Lane, Ste. 1, Cordova, TN 38018.

PRACTICE NAME: _____

CUSTOMER ID#: _____

CONTACT PERSON: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

TO AUTHORIZE BANK DRAFTS: FILL OUT INFORMATION IN THE SECTION BELOW AND ATTACH A VOIDED CHECK.

Circle Type of Acct: CHECKING   OR   SAVINGS

Customer Account #: _____

Routing #: _____

Bank Name: _____

Name on Acct: _____

Address on Bank Acct: _____

_____

_____

_____

TO AUTHORIZE CREDIT CARD CHARGES: FILL OUT INFORMATION IN THE SECTION BELOW.

Circle Type of Card: BUSINESS CARD   OR   PERSONAL CARD

Card #: _____

Expiration Date: MO/YY _____

CVV Code _____

Name on Card: _____

Billing Address for Card: _____

_____

_____

I hereby authorize iScreen Vision to draft funds from our checking account or to make automatic charges to my credit
card for payment of outstanding invoices.

If I decide to terminate this authorization, I will send written notice to billing@iscreenvision.com before the end of the
month I want to terminate the authorization.

Print Name:_____   Authorized Signature: _____

Date:_____   Title: _____