

AUTHORIZATION AGREEMENT | CREDIT CARD

NOTE: All credit card payments will be charged a 3% processing fee

Authorization for Credit Card:

Company Name: _____

Billing Contact: _____

Billing Email Address: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Credit Card Information:

Cardholder Name: _____

Choose One: Visa Mastercard American Express Discover

Card Number: _____

Expiration Date: ____ / ____ 3 / 4 Digit Code: _____

I (we) authorize the Company to debit my (our) account:

Please charge the card listed \$_____ for down payment of proposal. The remaining balance of proposal will be billed to this card at project completion.

Preference for future development work:

Check

Credit card on this form

Contact for new payment information to keep on file

I have read and verified the above information to be complete and accurate; further, I authorize Spectrum Net Designs, Inc to charge my card for the services provided.

Company Name _____

Print Individual Name _____

Signature: _____

Date: _____

Information taken over the phone by: _____ Date: _____

Permission given over the phone by: _____ Date: _____