



Fax: (888) 694-9327

### Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

discover

Client Information (To be completed by merchant)

Client name: \_\_\_\_\_ Client account number: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Information (To be completed by merchant)

I authorize Web Solutions Marketing & Development LLC to automatically bill the card listed below as specified:

Amount: \_\_\_\_\_ Frequency:  Weekly  Monthly  Quarterly  Annually

Start billing \_\_\_\_\_ End billing when:  Contract expires

On: \_\_\_\_/\_\_\_\_/\_\_\_\_  Client provides written cancellation

Credit Card Information (To be completed by client)

Web Solutions Marketing & Development LLC accepts the following credit cards:

Credit card type:

Master card  Discover  Visa Other: \_\_\_\_\_

CVV# \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Billing address: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
(as shown on credit card) (from credit card billing address)

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_