



## Credit Card Authorization Form

### COMPLETE THIS AUTHORIZATION AND RETURN TO US

All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card ID Number (last 3 digits on back of card or 4 digits with Amex on front of card) \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ USD

I authorize **Web & Moore, Inc.** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing back cardholder agreement.

Cardholder: Please - Print Name, Sign and Date below:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

For recurring monthly charges: I authorize Web & Moore, Inc., to charge the agreed amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month to the above listed credit card provided herein. I agree that I authorize this recurring amount until further notice.

Once signed please return completed form to:

**Web & Moore, Inc.**  
*sam@webnmoore.com*  
(586) 864-7189

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.