

WEB 2 MARKET, INC.
CREDIT CARD AUTHORIZATION FORM

Date: _____

Company Name: _____

Or

Individual Name: _____

Dear Accounting Dept.:

Please charge to my credit card the amount of \$ _____

For: _____ Hosting/Maintenance _____ Deposit _____ Programming Block

_____ Final Payment Before Launch _____ Other: _____

Per : _____ Year _____ Quarterly _____ Monthly _____ One Time

This payment should be applied against invoice(s) #: _____

My credit card information is as follows:

a Type of card: _____ Visa _____ Master Card _____ Discover

b Name as it appears on credit card: _____

c Billing Address for credit card:

City: _____ State: _____ Zip Code: _____

d Credit Card Number: _____

e 3-Digit Card Verification Number (found on the back of your card usually) __ __ __

f Expiration Date: _____/_____

g Amount to be charged: \$ _____

h Card holder Signature: _____

PLEASE CALL US BEFORE FAXING THIS FORM AT 708.653.3100 X205 (Ruthann)

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