

WebView Consulting LLC

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(530) 346-3221

Payment Authorization Form

☐ **Debit/Credit Card Payment**

You authorize scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that that no prior notification will be provided. *Please complete the information below:*

I _____ authorize WebView Consulting LLC to charge my debit/credit card indicated below. The purpose of remittance is to pay for website design services.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

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 prior 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.

PLEASE SCAN & EMAIL THIS COMPLETED FORM ALONG WITH THE SIGNED SERVICE AGREEMENT TO: info@webviewconsulting.com OR FAX TO: (720) 920-8457