

Credit Card Payment Authorization Form

Sign and complete this form to authorize MicrositesByU to charge your credit card listed below for your Online Marketing Services provided by MicrositesByU.

By signing this form you give us permission to debit your account for the amount indicated 5 days after your invoice is emailed out on the 20th of each month. This is permission for the duration of your agreement with MicrositesByU unless canceled under the terms of your agreement, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize MicrositesByU to charge my credit card
(full name)

account indicated below for \$1500.00 (My initial gift card budget) and subsequent payments of \$1500.00 each time my gift card account with MicrositesByU falls below a \$500.00 balance.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (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. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for the term of my agreement with MicrositesByU. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.