



Payment Authorization

Client Billing Information (where you want invoices, statements & receipts to be sent)

Company: _____ Contact: _____
 Phone: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Payment To Be Used For

Monthly or annual subscription payments for existing hosting accounts or domain names

Installments toward a fixed design/development project cost, deposit, etc. (payment plan)

Total amount to be paid (not counting 25% deposit or monthly fee): \$ _____

Payment Plan: A (2 months) B (4 months) C (6 months)

Payment Source

Credit or Debit Card (required for hosting, domains, or email marketing)

Card #: _____ Exp Date: _____ CVV Number: _____

Card Type: Visa MasterCard American Express Discover

Name on your card: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Electronic Funds Transfer (NOTE: Hosting paid by EFT will also include a \$2⁰⁰ processing fee for each payment)

Bank Name: _____ Branch: _____

Routing #: _____ Account #: _____ checking savings

Type: business personal (NOTE: Domains paid by EFT require a driver's license and birth date)

Drivers License #: _____ State: _____ Birth date: _____

I authorize Web Maestro, LLC to charge my bank account or credit card the amount above as described. I also testify that I am authorized by the company listed above to agree to these terms.

_____ signature

_____ date

OFFICE USE ONLY / COMMENTS:

Mailing Address: **Marquette Web Maestro** Fax: **(586)601-2495**
PO Box 321
Marquette, MI 49855