



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: **Sylvania Web Maestro** Fax: **(586)601-2495**
PO Box 755
Sylvania, OH 43560