



Payment Authorization

Client Billing Information

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 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:
Web Maestro
PO Box 755
Sylvania, OH 43560

Fax:
(586)601-2495