



AUTOMATIC PAYMENT **Credit Card Authorization Form**

Please email to: alison@firstsourceweb.com

Please be sure to submit your signed form at least 10 days prior to your billing cycle.

Company Name: _____

Company Phone : (_____) _____ - _____

Use this form to authorize us to charge your Credit/Debit card for your scheduled monthly hosting, maintenance and/or marketing fee.

Choose One: ☐ Update Current Credit Card on File ☐ Use a Different Card for Monthly Payment

All information is required:

Select Type of Card: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card Number: _____ - _____ - _____ - _____ Exp Date: _____ / _____

Security Code (3-digits on back, or 4 digits on front of AMEX): _____

Name on Card: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

CARD HOLDER'S SIGNATURE: _____

Title: _____ Date: _____ / _____ / _____