

Credit Card Authorization Form

Please fill out completely and FAX to 860-454-0605 or scan and email in PDF format to JCohen@ImageWorksLLC.com

ImageWorks
7 Keynote Drive
Suite A
Vernon, CT 06066

SOLD TO: (MUST be credit card billing address)
_____ (Company Name)

_____ (Street Address)

_____ (City, State, Zip)

Telephone Number: (_____) - _____

Credit Card Type: AMEX VISA MASTERCARD

CARD#: _____ EXP: ____ / ____ / _____

NAME ON CARD: _____

SECURITY CODE (CVV): _____

Please use this card for future annual hosting charges.

I understand that by signing below I authorize ImageWorks LLC to charge the above mentioned credit card account for services rendered relating to the building, hosting, maintenance, design, and/or search engine placement of website(s) as outlined in contractual obligation previously signed. I understand that the charge(s) authorized is/are non refundable, non revocable, non contestable, and I waive my right of refund and/or to dispute the charge.

CARDHOLDER SIGNATURE: _____ DATE: ____ / ____ / ____

