

**WEB 2 MARKET, INC.**  
**CREDIT CARD AUTHORIZATION FORM**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Or

Individual Name: \_\_\_\_\_

Dear Accounting Dept.:

Please charge to my credit card the amount of \$ \_\_\_\_\_

For: \_\_\_\_\_ Hosting/Maintenance \_\_\_\_\_ Deposit \_\_\_\_\_ Programming Block  
\_\_\_\_\_ Final Payment Before Launch \_\_\_\_\_ Other: \_\_\_\_\_

Per : \_\_\_\_\_ Year \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ One Time

This payment should be applied against invoice(s) #: \_\_\_\_\_

My credit card information is as follows:

a Type of card: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

b Name as it appears on credit card: \_\_\_\_\_

c Billing Address for credit card:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

d Credit Card Number: \_\_\_\_\_

e 3-Digit Card Verification Number (found on the back of your card usually) \_\_ \_\_ \_\_

f Expiration Date: \_\_\_\_\_/\_\_\_\_\_

g Amount to be charged: \$ \_\_\_\_\_

h Card holder Signature: \_\_\_\_\_

PLEASE FAX THE COMPLETED FORM TO 708.653.3111. THANKS.

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www.web2market.com