



ALM Web Pros, LLC

specialists in growing your business

Credit Card Authorization Form

Customer's name: _____ Domain Name: _____

Name exactly as it appears on credit card: _____

Credit card billing address: _____

City: _____ State: _____ Zip Code: _____

_____ Visa _____ MasterCard _____ American Express _____ Discover

Credit Card Number: _____ Exp. Date: __/__/__

Credit Card Identification Number (see below): _____

Amount to be charged on credit card: _____

Signature: _____ Date: __/__/__

*** Locating the Credit Card Identification Number**

The **4-digit** security code is printed above your account number on the **face** of your card.



Please fax this form back to: (208) 988-9646. For security reasons, do not e-mail credit card information. For verification purposes, please make sure that you provide the credit card billing address where your statement are received. If you have any questions or concerns you can use any of the following options:

- Call Monday – Friday, 9:00 a.m. -5:00 p.m., EST, Toll-free (800) 252-0234, Extension 2
- E-mail your questions to accounting@almwebpros.com
- Visit www.almwebpros.com and execute our online contact form

I, the undersigned, agree to a one time charge of \$_____ on the credit card detailed above for services received from ALM Web Pros in reference to Invoice # _____ or Quote # _____. I agree that I am satisfied with the services received and agree to not charge back this amount. I have been informed that the charges will appear on my credit card statement as: ALM Web Pros, LLC.

Name of Client: _____ Title: _____

Domain Name: _____

Signature: _____

Date: __/__/__