



### Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize DigiSphere Marketing, Inc., to charge my credit card as indicated below.

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

Name on Card: \_\_\_\_\_

Card Type (circle one): **AMERICAN EXPRESS / DISCOVER / VISA / MasterCard**

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

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEC Code: \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Charge\*: \_\_\_\_\_

Reason: \_\_\_\_\_

Frequency (circle one): **One-Time / Monthly\***

*I authorize DigiSphere Marketing, Inc., to charge my credit card for the payment schedule noted above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I understand that monthly authorization amounts are subject to change based on agreed-upon PPC budgets, and monthly PPC budgets are subject to change at any time.*

*Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. This form is strictly confidential and securely stored.*