



11214 Sky Ridge Drive
Cypress, Texas 77429
Phone: 832.232.4082
Fax: 501.694.8470

Your Business Name: _____

I hereby authorize my signature to be on file with NewTek Media for the purpose of charging any of the following services which could include: monthly web updates, enews-letter updates, logo design, Web Design /Development, Consultation Time, Webhosting Renewal Fee and Domain Renewal fee on a credit card. I authorize the respective credit card company to accept this form in lieu of my signature appearing on the individual credit card receipt for services performed.

The pertinent information is indicated below:

Credit Card #: _____ Cardholder name: _____

Credit Card billing address (with CITY & ZIP CODE): _____

Credit Card Phone Number Associated with this card: _____

Card Type: VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS _____

Expiration Date: _____ Security Code (AVS): _____ (American Express is on the front of card)

Email address: _____ Fax #: _____

Payment Options for Projects: (please check appropriate box)

Pay the Full Project Amount: _____ Pay the Project in 3 separate charges: _____

Pay Half of the Project Amount Now and the Second Half due when project is completed: _____

Payment Options for Domain Renewal or Web hosting: (please check appropriate box)

Pay on Annual Renewal of Web Hosting(s): _____ Pay Yearly: _____ Pay Monthly: _____

Pay on Annual Renewal of Domain(s): _____ Pay Year(s): _____ How Many Year(s): _____

The overall amount(s) charged to the clients credit card, will be based on any of the following: the agreed signed proposal by the client, charges outlined based on updates to that particular website, enewsletter updates, print material designing, Design/Development of a website(s), Consultation Time, Webhosting Renewal Fee for the Year (remember there will be no refund or prorated amounts for any webhosting fees), and Annual Domain Renewal.

Please put your initials on the line provided if this credit card is for one-time use only: _____

Print your name: _____ Sign your name: _____

Fax sent by _____ on _____.

Please fill out this form completely and fax back to 501.694.8470.

Advisement – As stimulated in our billing process, there can be up to an additional 4% added for credit card payments.