



Credit Card Billing Authorization Form

Please select the search engine marketing options and confirm billing to the credit card currently on file with WSI. All requested information is required.

Payment Information

Client's Legal Company Name: _____ Primary Contact Name & Title _____

Firm website address: _____ Phone Number: _____

I authorize WSI to automatically bill the credit card listed below as specified:

FIRM Web Solution Payment

Item	Amount (\$USD)	When	Notes
Deposit	\$2,475	Web Solution Platform Build	At the start of the project.
Final Payment	\$2,475	Web Solution Launch	When the web solution is launched.
Monthly Payment	\$155	25 th of each month	When the web solution is launched.

Credit Card Information

Credit card type (Visa, MC, Amex): _____ Credit card number: _____ Expires: _____

Cardholder's name: _____ Cardholder's Security Code: _____

(as shown on credit card)

Cardholder's Billing Address for Credit Card:

Address _____

Town/City/Suburb _____ State/Territory/Province _____ Zip/Postal Code _____

Cardholder's Billing Phone Number _____

(as shown on credit card statement)

Customer's Signature: _____ Date: _____

Please note that credit card charges will appear on your statement from "Sagebridge Consulting, LLC".

Please fax the completed form back to the following number: 00-1-781-238-8259