



Territory Web Solution Credit Card Billing Authorization Form

Please complete the all sections of the form below as all requested information is required.

Payment Information

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

Territory website address: _____ Phone Number: _____

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

Web Solution Payment

Item	Amount (\$USD)	When	Notes
First Payment	\$3,000.00	Web Solution Platform Build	At the start of the project.
Final Payment	\$2,999.00	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