

# WEBULANT, INC. RECURRING BILLING AUTHORIZATION FORM

**1-888-WEBULANT**  
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Use this form to authorize Webulant, Inc. to set up recurring credit card billing for services that Webulant provides for you. PRINT BLANK FORM and complete with black or blue ink pen before mailing. Please PRINT clearly. INCOMPLETE FORMS CANNOT BE PROCESSED. Remember to fill out ALL INFORMATION.

## BUSINESS INFORMATION

LEGAL BUSINESS NAME:		DBA NAME:	
CARD HOLDER FIRST NAME		CARD HOLDER LAST NAME:	
BUSINESS ADDRESS:	CITY:	ST:	ZIP:
EMAIL:	PHONE:	FAX:	
WEB SITE:			

## CREDIT CARD INFORMATION

CREDIT CARD TYPE: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> PayPal	CREDIT CARD NUMBER:
CARD EXPIRATION DATE: MONTH _____ YEAR _____	CARD ID # _____ (REQUIRED FOR YOUR SECURITY)
<p><b>NOTE:</b> This form must be completed, signed and faxed to 253-736-7214 before automatic recurring credit card billing can begin.</p> <p style="text-align: center;"><b>INCOMPLETE FORMS CANNOT BE PROCESSED</b></p>	<p>For American Express Cards, it's the 4 digits located on the front of the card.</p> 
	<p>For Visa or MasterCard, it's the 3 digits located on the back of the card.</p> 

### AGREEMENT:

I hereby authorize Webulant, Inc. to charge the indicated credit card for services provided and applicable excess usage fees. I agree that this is a periodic charge that will be made according to my billing cycle (as identified in the Webulant Service Agreement), and in order to terminate the recurring billing process I must either cancel my account, or arrange for an alternative method of payment. I understand that all account cancellations for which an active recurring billing authorization exists must be made in writing according to the requirements of the Webulant, Inc. Terms of Service (TOS) which I have read and understand. I agree not to dispute Webulant, Inc.'s recurring billing with my credit card issuer as long as the amount in question was for services rendered prior to cancellation of the account. I agree to the terms and conditions set forth in the Webulant TOS, and I understand that I will forfeit any fees paid to date if my account is terminated as a result of a TOS violation. I understand that Webulant, Inc. will not mail me any invoices or bills. I agree that any credits issued by Webulant, Inc. for any reason will not be refunded to my credit card, but instead deducted from my next bill. I agree that if I have any problems or questions regarding my Webulant, Inc. service, I will contact Webulant Inc. for assistance, using the contact information on their web site at [www.webulant.com](http://www.webulant.com). I agree that I will not dispute any charges from Webulant, Inc. unless I have already made an effort in good faith to rectify the situation directly with Webulant, Inc., and those efforts have failed. I authorize Webulant Inc. and its sponsoring agency to run an address verification search. This verification process is a security measure designed to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this recurring billing agreement with Webulant, Inc. REQUESTS TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO TERMINATION.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_