

WEBULANT, INC. ONE-TIME BILLING AUTHORIZATION FORM



1-888-WEBULANT
www.webulant.com
info@webulant.com

Fax this form to: 253-736-7214

Use this form to authorize Webulant, Inc. to set up A ONE-TIME 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: Visa MasterCard AmEx PayPal	CREDIT CARD NUMBER:
CARD EXPIRATION DATE: MONTH _____ YEAR _____	CARD ID # _____ (REQUIRED FOR YOUR SECURITY) For American Express Cards, it's the 4 digits located on the front of the card. For Visa or MasterCard, it's the 3 digits located on the back of the card.

AMOUNT:

I hereby authorize Webulant, Inc. to charge the above card for the one-time amount of: \$ _____

NOTE: This form must be completed, signed and faxed to 253-736-7214 before credit card billing can begin. **INCOMPLETE FORMS CANNOT BE PROCESSED**

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 ONE-TIME charge that will be made according to my Webulant Service Agreement. 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. 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 BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO TERMINATION.

AUTHORIZED SIGNATURE: _____ DATE: _____