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Credit Card Authorization Form

Client Name: _____

Terms: I agree to allow Back To Marketing LLC. to automatically charge my credit card monthly on the same day of each month for services. I understand that I can stop payment and discontinue this service at any time by contacting Back To Marketing via info@backtomarketing.com or by phone at (678) 636-9319.

Service(s) Agreed Upon (circle 1 or more): Social Media Management | Advertising Management | Marketing Assistant | Membership

Card Type:

AMEX Visa Discover MasterCard

Name as it Appears on Credit Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Cardholder Signature:

Today's Date: _____ Payment Day each Month: _____