Billing Authorization Form (Eye79.com)

Customer Information

Customer Name: _____ **Email:**_____

Phone Number: (_____) _____ - _____ **Website**: www._____

Payment Information

I authorize PAontheweb, LLC to automatically bill the credit card listed below. Amount to be billed via credit card or check is: $_____ per month for Type Listing:_____

in the city of_____ Pennsylvania

Dated: _____ By Printed Name: _____

Title: _____Signature:_____
(Authorized position to sign for this transaction) (If different from Card Holder)

Credit Card Information Please use address where your card bill is sent

Credit Card Type: ☐Visa ☐MasterCard ☐American Express ☐Discover

Card Number: _____ **Expiration:** _____/_____

Cardholder's Name: _____ (as shown on credit card)

Billing Street:_____

City:_____

Billing Zip code: _____

Card Holders Signature: _____ **Date:** _____

Contact billing@PAontheweb.com or call 717.489.0188 with questions.
You may FAX this form to 877.684.5851 or snail mail with a check to:
PAontheweb LLC 4523 London Ave, Elizabethtown PA 17022

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