



PO Box 643  
West Linn, OR 97068  
800-380-6841

### CREDIT CARD AUTHORIZATION FORM

I, (print name) \_\_\_\_\_, as a representative of (Client) \_\_\_\_\_, and by signing below, hereby authorize *Verticalwerks Marketing LLC* the use of this credit card to set-up online accounts, initiate online marketing services, and/or to receive payments for services rendered, on my / our behalf. In turn, Verticalwerks will keep a hard copy of this information on file and will only use its contents online for said activity. If / when an account is to be set-up on behalf of the Client, Verticalwerks will send notification.

Client:

Client email address:

Card type:

Card number:

Card expiration & 3-digit code:

Name as it appears on card:

Card billing address:

Cardholder phone #:

Cardholder signature:

Once this form is completed, please send via regular post, scan / email to [kevins@verticalwerks.com](mailto:kevins@verticalwerks.com), or fax to my attention at 503-828-9529.

If you should have any questions on the contents above, please do not hesitate to contact me at the same number (fax).

Thank you in advance for your attention to this request.

**Kevin Schrandt**

Co-Founder / Director, Account Management