



Credit Card Authorization Form

Business Name:*

Terms: *

Monthly Quarterly Semi-Annual Annual Website Kickstart/Tier

Total Charge Amount:*

\$ _____

Billing Address: *

Account Type: Visa MasterCard

Name on Card: _____

Card Number : _____

Expiration Date: (MM) _____ (YYYY) _____

CVS (3 digits on back of card): _____

Signature: _____ **Date:** _____

I authorize ShopCity.com, Inc to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated above.

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