



Dynamic Web Solutions Corp.  
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Phone: (305) 898-2281 – Email: [Webmaster@dwsflorida.com](mailto:Webmaster@dwsflorida.com)  
Web Page: [www.dwsflorida.com](http://www.dwsflorida.com)

## Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic or one-time billing, simply complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at [webmaster@dwsflorida.com](mailto:webmaster@dwsflorida.com) or [www.dwsflorida.com](http://www.dwsflorida.com)

Customer Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

**I authorize DYNAMIC WEB SOLUTIONS CORP. to bill the card listed below as specified:**

Amount: \$ \_\_\_\_\_

Frequency: Weekly\_\_ Monthly\_\_ Quarterly\_\_ Annually\_\_ One Time Billing\_\_ (Check Only One)

Start billing on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DYNAMIC WEB SOLUTIONS CORP. accepts the following credit cards: VISA, MasterCard, DISCOVER, American Express**

Name as it appears on the card \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ (Ex: VISA, MASTERCARD, AMERICAN EXPRESS, Discover ?)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      CCV: \_\_\_\_\_

Mailing address where you get your credit statement: \_\_\_\_\_

\_\_\_\_\_

**Customer's Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize the Dynamic Web Solutions to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only. 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 in this form.