

ELECTRONIC PAYMENT AUTHORIZATION

Client Contact Information

| | |
|----------------------------|--|
| Company/Organization Name: | |
| Billing Address: | |
| City, State, Zip: | |
| Phone: | |
| Email: | |
| Authorizing Contact: | |

Client Credit/Debit Card Information

| | |
|--------------------|--|
| Cardholder Name: | |
| Card Number: | |
| Expiration Date: | |
| CVV/Security Code: | |

Agreement

I agree that all information provided is accurate and complete. I understand and agree that the information provided will be used to obtain services with Bobolink Creative, LLC, and/or used for Bobolink to obtain services from third-party vendors on behalf of myself and/or indicated company/organization. Information provided shall only be used with prior approval from client.

SIGNATURE: _____

DATE: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bobolink Creative, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit/debit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. In the event credit card is denied, client assumes responsibility for any and all expenses arising from collection of payment and will provide a valid credit card upon request.