

# Credit Card Authorization Form

Please complete and return this form to activate your account.

Please fax the completed form to (845) 468-7130.

Note: Information must exactly match what appears on the credit card and on the monthly statement.

**Credit Card Type:** \_\_\_\_\_ **AMEX**  
                                  \_\_\_\_\_ **MasterCard**  
                                  \_\_\_\_\_ **Visa**

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** (     ) \_\_\_\_\_ - \_\_\_\_\_

I authorize 2B Consulting, LLC to charge my credit card noted above for payments due 2B Consulting, LLC according to the terms agreed upon in the Marketing & Services Agreement. This is to remain in effect until 2B Consulting, LLC has received written notification from me of its termination in such a time and manner in accordance to this agreement.

**Cardholder Signature:** \_\_\_\_\_

**Cardholder Name (print) :** \_\_\_\_\_

**Company:** \_\_\_\_\_

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