

# QUINNCONCEPTS

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## ⚠️ CREDIT CARD AUTHORIZATION FORM ⚠️



### AUTHORIZATION FOR CREDIT CARD USE

Please complete this authorization form and return.  
All information will remain confidential.

## INSTRUCTIONS

1. Please completely fill out all sections. Payment cannot be processed without this form completed in it's entirety.
2. Scan and email this completed form to: [chris@quinnconcepts.com](mailto:chris@quinnconcepts.com)

## CONTACT INFO

### NAME ON CARD

Please write or type your name as it appears on your card.

\_\_\_\_\_

### BILLING ADDRESS

Please write or type your billing address.

Street \_\_\_\_\_

\_\_\_\_\_ Apt/Ste# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

## PAYMENT INFO

### CARD TYPE

Please circle your card type.

VISA      Mastercard      Discover      AMEX

Card Number \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_ Security CVV \_\_\_\_\_

## WRITTEN AUTHORIZATION

I authorize *Quinnconcepts* to charge my credit/debit card provided herein each month I remain in this no-contract program. I agree to pay for this purchase in accordance with the issuing bank for cardholder agreement.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

NOTE: If a website is to be created from scratch, we mandate a minimum requirement of a 3 month period to remain in our program.

Initial \_\_\_\_\_