

QUINNCONCEPTS

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CREDIT CARD AUTHORIZATION FORM

WARNING

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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

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. I agree to pay for this purchase in accordance with the issuing bank 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 _____