

Management Specialties Web Services, LLC (managementspecialties.com)

**Credit Card Authorization For Recurring
Web Site Hosting/Development/Domain Registration Fees**

MAIL(fax) completed form to:

Management Specialties Web Services, LLC, PO Box 152962, Cape Coral, FL 33914

I hereby authorize managementspecialties.com to initiate charges to the credit card listed below, and authorize the credit card institution to accept the amount of such charges to the credit card listed below.

I understand that the credit card listed below will be automatically charged on a regular basis as payment/prepayment for services provided.

I understand that charges for services will be posted to the credit card listed below anytime prior to due date or the next regular business day at our discretion. In the event the card is not charged by the due date, Management Specialties reserves the right to run the card at any later date to settle the account.

I understand that if the cost of managementspecialties.com services change, managementspecialties.com has to provide me with a thirty (30) day notice and I have the option of discontinuing the service per the Terms and Conditions provided to me upon subscribing.
http://www.managementspecialties.com/hosting_service_agreement.html
<http://www.managementspecialties.com/cc-policies.html>

I understand that managementspecialties.com may continue to charge the credit card listed below, for all fees and charges due until I change my payment method or cancel my managementspecialties.com services.

I understand that if a charge is declined by the credit card institution, this is treated the same as a check returned for insufficient funds, and may result in a \$25 fee being added to my account.

I understand that I must provide managementspecialties.com with 10 days written notice of my request to discontinue this Credit Card Authorization.

I also understand that the Terms and Conditions as provided to me upon subscribing to the service govern use of the service in all respects.

Card Type (Check One) Visa MasterCard

Card Number _____

Expiration Date ____/____ CV2 _____

Cardholder Name (please print) _____

Cardholder Signature _____

Date ____/____/____

Billing Address for Card _____

Billing Address Line 2 _____

Billing Zip for Card _____

Phone Number to Verify Information (____) ____ - _____