

<p style="text-align: center;">AgencyWebDesigners Credit Card Authorization</p>
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Credit card # _____

Exp. Date: _____

CVV2 (last 3 digits on back of card) (last 4 on Amex): _____

Name as it appears on card: _____

Billing address (including zip code): _____

Telephone number: _____

Please fax this form back to 281-301-7999

If you have any questions, please email:

support@agencywebdesigners.com