Digital Marketing Solution LLC.

This document contains business confidential information. Please do not disclose this information with our potentia competitor without written consent from DMS.

PAYMENT GUARANTEE

I hereby authorized Digital Marketing Solution LLC to charge to my credit card for the services it performed on behalf of my request (see SOW) if it has not been fully paid by check or money order according to term and agreement set forth in the service contract.

FIRST_____MID_____LAST_____

CREDIT CARD NUMBER:_____ _____ _____ _____

( ) Visa ( ) Master Card ( ) American Express

Expiration Date: _____ / _____ Security Code:_____

Credit Card Billing Address:

Street:_____

City:_____ State:_____

Zip Code:_____ Country:_____

Telephone: ( ) _____ _____

Request Shipping Address if applicable: (if not the same as above)

Street:_____

City:_____ State:_____

Zip Code:_____ Country:_____

Telephone: ( ) _____ _____

_____ _____ / _____ / _____
Cardholder's Signature Date

DMS will keep all the information entered on this form strictly private and confidential.

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