

Digital Marketing Solutions LLC.

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

I _____ hereby authorized Digital Marketing Solution LLC, to charge my credit card account in the amount of \$_____ for the services (see SOW)

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: () _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

_____/_____/_____
Cardholder's Signature Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. DMS will keep all the information entered on this form strictly confidential.