



Credit Card Authorization Form

To use your credit card for new projects or invoices, please fill out the form below and fax back to our office. All information submitted is confidential.

Client Name: _____

Name on Card: _____

Credit Card Number: _____

Billing Zip code: _____ **Expiration Date:** _____

Type of Credit Card (please circle one): Visa MasterCard

Amount to Charge: _____

Please keep my credit card information on file for future invoices.

Signature: _____ **Date:** _____

Printed Name: _____

Note for Monthly Retainer Clients with auto billing - All charges will process on or around the same billing date each month. These dates vary due to weekend and holiday processing. Paid receipts are not sent out monthly. Contact Jelly Websites anytime if you would like copies of your payments or end of year payment summary.

FAX this entire form to: (951) 737-8571 or scan/email to support@jellywebsites.com

Thank you!