

Credit Card Payment Authorization for _____

By providing credit card information below, I (we) authorize Bloomerang to debit this account for charges agreed to in this proposal as well authorize its use for future renewals and additional mutually agreed upon products and services.

Billed Annually

Name _____

(as it appears on card)

Type of Card VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

Security Code _____

3 digits from Back of card.
For AmEx, 4 digits from Front of card.

Credit Card Billing Address: **Street** _____

City _____ **State** _____ **Z.I.P** _____

Telephone () _____ - _____

Cardholder Signature _____

printed

Date _____ / _____ / _____

ACH Payment Authorization for _____

I (we) hereby authorize Bloomerang.com, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____
printed

Signature _____

Date ____/____/____

Telephone () _____ - _____

Please enter the following as it appears on check or attach copy of voided check:

Bank Name _____

Account Name _____
(if different from
Organization Name)

Address Street _____

City _____ **State** _____ **Z.I.P.** _____

9-Digit Routing Number _____

Account Number _____

Payment confirmation will be sent to the invoice recipient.