



Billing Information

As a part of our quick approval and payment protection plan, we require your credit card information. Instead of completing a lengthy account application form, we have created this quick account approval process.

Please choose from the following options (check or circle your choice):

Please invoice and hold the credit card number as a payment guarantee. * I also authorize Info Cubic to charge the card 30 days from the invoice date if payment is not satisfied.

Please charge the credit card monthly and send me a detailed receipt. * Info Cubic is authorized to charge my credit card for services that I have requested for my company.

Credit Card Information: (check or circle your choice)

Visa

Master Card

American Express

Discover

Credit Card Number: _____ Exp: _____

Name on Card: _____ CVV code: _____

Card Billing Address:

Street City State Zip

Name of Company: _____

Tax ID# (TIN or SSN): _____

The card number and your company information will be verified within four business hours. In order to verify your credit card and company information, credit information will be accessed and verified.

Fraudulent card information will be reported to law enforcement agencies as well as credit reporting bureaus immediately.

I hereby agree to the Client Service Agreement which I have electronically signed and submitted as well as the above terms and conditions. I also authorize Info Cubic to charge the payment according to the choice I made from options above.

Cardholder Signature: _____ Date: _____