



Credit Card Billing Information:	
Company Name:	
Person Authorizing:	
Credit Card Type:	
Credit Card Number:	
CVC Number:	
Expiration Date:	
Billing Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Fax Number:	

Please select one of the Following Payment Options:	
Once	Bill my credit card once for the following amount:
	Please apply this payment to the following Invoice #
Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with Friendswood Tech/Jackie Gibson Consulting

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Friendswood Tech/Jackie Gibson Consulting's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to tech@friendswoodtech.com.

Changes in the status of this card can also be reported to tech@friendswoodtech.com

The undersigned is the duly authorized representative of the company listed above.

Authorized Signature: _____

Date: _____