

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form.

All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

PAYMENT INFORMATION

I authorize SalesNexus to automatically bill my card, listed below, for SalesNexus Subscription.

I authorize a recurring charge against my credit card for the following amount:

\$ _____ once every month beginning ____/____/____ and ending any time I submit

written request to cancel my subscription.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Exp Month: _____ Exp Year: _____ Security Code: _____

Cardholder Signature: _____

Date ____/____/____