



Bear Canyon Consulting, LLC

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Credit Card Authorization Form

Customer Information

Name on Credit Card: _____

Credit Card Billing Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail address to send receipt: _____

Type of Credit Card

Visa: _____ Master Card: _____ Discover: _____

Credit Card #: _____

CCV# _____
3-digit code after cc# found on the back of the credit card

Expiration Date: ____/____

----- PLEASE SIGN AND FAX BACK -----

I, _____ hereby give authorization to Bear Canyon Consulting, LLC to bill my credit card monthly for all billable Network/Computer Work/Hosting/SEO Services/eCommerce Development/Web services.

Signature of Cardholder _____ Date: _____