

Credit Card Authorization Form

Please complete and return this form to activate your account.

Please fax the completed form to (845) 468-7130.

Note: Information must exactly match what appears on the credit card and on the monthly statement.

Credit Card Type: AMEX
 MasterCard
 Visa

Card Number: _____

Expiration Date: _____

Security Code: _____

Cardholder's Name: _____

Billing Address: _____

Telephone: () _____ - _____

I authorize 2B Consulting, LLC to charge my credit card noted above for payments due 2B Consulting, LLC according to the terms agreed upon in the Marketing & Services Agreement. This is to remain in effect until 2B Consulting, LLC has received written notification from me of its termination in such a time and manner in accordance to this agreement.

Cardholder Signature: _____

Cardholder Name (print) : _____

Company: _____

Date: ____/____/____