

**CONTACT INFORMATION** Please provide the following:

Full Name \_\_\_\_\_

Phone Number(     ) \_\_\_\_\_ Email Address \_\_\_\_\_

**ADDRESS TO WHICH STATEMENT IS SENT** Important: Please provide the address to where the credit card is sent. Transactions without signatures require address to be correct and current.

Address 1 \_\_\_\_\_

Address 2 (for P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_

Country \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card:    VISA    MASTERCARD    AMEX

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ Credit Card Security Code\* \_\_\_\_\_

Name on Card (Please LEGIBLY) \_\_\_\_\_

\* The CSC number is located - VISA & MC: On the back of the card, the last three digits just above the signature area.  
- AMEX: First four numbers located directly above the card number on front of card

**CONSENT TO PROCESS TRANSACTIONS**

Please know that we do not process any transactions with out permission, however, your credit card information will be stored securely for future use. DO NOT e-mail us your credit card information as it is not a secure method and is vulnerable to theft. We are not responsible for insecure communication.

Please complete the below section, authorizing SiteMajic to charge your credit card for services rendered. If you have any questions please feel free to contact us.

I, \_\_\_\_\_, hereby authorize SiteMajic to charge my credit card for payment of services it renders for me / my company.

Print Name: \_\_\_\_\_  
PLEASE PRINT LEGIBLY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax back to (613) 547-4015**