

imagine - create - promote



ZILK INC. | 323.325.1727 | office@zilkinc.com | 686 S. Arroyo Pkwy, #300, Pasadena, CA 91105

Authorization for ONE TIME Credit Card Billing

I give Zilk Inc. permission to bill my credit card for the services detailed below. I am waiving my rights to charge back or request a refund for any services that have already been provided or otherwise paid for. I accept that account credits and refunds are to be made at the sole discretion of Zilk Inc.

Total Amount to be Charged: \$ _____

Credit Card Number : VISA _____
 MasterCard _____
 AMEX _____

Credit Card Expiration Date: _____ / _____ Credit Card Security Code: _____ (3 digits back of CC)

Signature: _____ Today's Date: _____

Billing Name (as it appears on the credit card): _____

Credit Card Billing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Email Address: _____ Phone Number: _____

Services: INVOICE # or PROPOSAL # _____ (or check services below)

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> WEBSITE DESIGN | \$ _____ | <input type="checkbox"/> SEO | \$ _____ |
| <input type="checkbox"/> HOSTING | \$ _____ | <input type="checkbox"/> MAINTENANCE | \$ _____ |
| <input type="checkbox"/> ECOMMERCE | \$ _____ | <input type="checkbox"/> CREDIT CARD FEE | \$ _____ |
| <input type="checkbox"/> DOMAIN(S) | \$ _____ | <input type="checkbox"/> _____ | \$ _____ |

EMAIL to: office@zilkinc.com Or MAIL to: 686 South Arroyo Parkway, #300, Pasadena, CA 91105