**Sisterlocks**

**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic 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.

This agreement allows you to participate in the Certified Consultant Web Page and maintain a visible presence on the official Sisterlocks website as one of our recommended Certified Sisterlocks Consultants.

(Check One and fill in the information below):

\_\_\_\_\_ I **am a new subscriber:**

* $75.00 Start-up fee/$90.00 First 6 Months ($165.00 Pre-Paid)
* Unlimited updates free of charge—OK to link your personal website\*
* You many charge my credit card for $15/month to maintenance my page.

**\_\_\_\_\_ Ongoing Maintenance Fee ONLY:** Charge $15/month maintenance fee to my credit card.

**Customer Information (To be completed by merchant)**

Customer name: Customer account number: Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information (To be completed by merchant)**

I authorize Sisterlocks to automatically bill the card listed below as specified:

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: Weekly Bi- Weekly Semi-Monthly Monthly

Quarterly Semi-Annually Annually (**Check only one**)

**Credit Card Information (To be completed by customer)**

Sisterlocks accepts the following credit cards: **Visa, MasterCard, American Express, and Discover**

Credit card type: Credit card number: Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_

Cardholder’s name: Cardholder’s zip code (required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**as shown on credit card**) (**from credit card billing address)**

Customer’s signature Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_