

**BOB'S****BUSINESS ON BROADBAND**225 Marine Drive,
Suite 200
Blaine, WA 98230**Credit Card Payment Form**

PH: (360) 332-1777

E-Mail: sales@bobsonlinehosting.com



When paying by credit card, please complete this Credit Card Form and fax it back to: **(360) 332-2777** or mail it to the address above.

Client Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____



Phone: _____ Fax: _____ E-mail Address: _____

PAYING BY INVOICE NUMBER I authorize Bob's Online Hosting to charge my:  

for services rendered for Invoice Number: _____ ,

in the amount of: \$ _____

Authorized Signature: _____ Date: _____

*Please complete the Credit Card Information below.***AUTOMATIC PAYMENT FOR WEB HOSTING & CO-LOCATION SERVICES** I want to have my web hosting paid monthly / quarterly on my:  Please charge my credit card on _____ of each month / quarter,
DAY

for the monthly web hosting fee of: \$ _____

Authorized Signature: _____ Date: _____

*Please complete the Credit Card Information below.***Credit Card Information**

Please print clearly and fill in all fields.

Type of Credit Card:  

Exact Name on Card: _____

Credit Card Number: _____ 3-Digit PIN # (on back of card): _____

Credit Card Expires On Date: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature for Card: _____ Date: _____