



## Billing Authorization Form (GolfersLTD.com)

### Customer Information

Customer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Website: www. \_\_\_\_\_

### Payment Information

I authorize PAontheweb, LLC to automatically bill the credit card listed below. Amount to be billed via credit card or check is: \$\_\_\_\_\_ per month for Type Listing: \_\_\_\_\_

in the city of \_\_\_\_\_ Pennsylvania

Dated: \_\_\_\_\_ By Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Authorized position to sign for this transaction) (If different from Card Holder)

### Credit Card Information Please use address where your card bill is sent

Credit Card Type:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_ (as shown on credit card)

Billing Street: \_\_\_\_\_

City: \_\_\_\_\_

Billing Zip code: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact [billing@PAontheweb.com](mailto:billing@PAontheweb.com) or call 717.489.0188 with questions.  
You may FAX this form to 877.684.5851 or snail mail with a check to:  
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