

PodiatryMeetings.com

Credit Card Authorization Form



Annual Corporate Sponsorship Fee

Payment plans require automatic payments processed by PodiatryMeetings.com with a credit card on file. One-time payments may be made by credit card using PayPal. All invoices not contested in writing within 15 business days of receipt are deemed accepted by Sponsor as true and accurate and are payable in full. If payment method fails and becomes past due, PodiatryMeetings.com will suspend all Sponsor content until payments are current. If you select monthly auto-payments, the charge will be processed on or around the same date each month.

Select Preferred Payment Option (select one):

_____ 12 auto payments of \$416 (totaling \$4992)

_____ 2 auto payments of \$2375 (totaling \$4750)

_____ 1 full payment of \$4500

Acceptance: By signing and returning this proposed agreement to PodiatryMeetings.com, LLC you are authorizing PodiatryMeetings.com to charge your credit card indicated below for the amount selected above.

Cardholder Name (as it appears on the card) _____

Card Number _____

Exp. Date _____ CVV (3 digit code on back or 4 digit code on front) _____

Billing Zip Code _____

Signature: _____

Date: _____

I authorize the above-named business to charge the credit card indicated on this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.