
CREDIT CARD AUTHORIZATION FORM

I, (print name) _____, have the authority to, and authorize MetaWorkz, LLC and/or its subsidiaries, including InsuranceWorkz, to charge the credit card listed below for the following:

(Check all that apply)

1. For this amount only \$ _____
2. For initial amount of \$ _____ and monthly recurring and/or licensing fees of \$ _____
3. For monthly recurring services and/or fees in the amount of \$ _____
4. For amounts due on invoice number: _____
5. For all current and future services provide to me by Metaworkz, LLC and/or it's subsidiaries

Company Name: _____ Phone: _____

Name on Card: _____ VNUM: _____
(Back of Card)

Card Type: Visa MasterCard American Express

Card #: _____ Billing Zip Code: _____

Card Holder Signature: _____ Card Expires: ____/____/____
(mm/yy)

Today's Date: ____/____/____

**FAX THIS FORM TO METAWORKZ, LLC AT 888-307-1519
NO COVER SHEET REQUIRED**